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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/foim990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization PROVIDENCE HEALTH & SERVICES - OREGON		D Employer identification number 51-0216587
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) 1801 Lind Avenue SW No 9016	Room/suite	E Telephone number (425) 525-3985
	City or town, state or province, country, and ZIP or foreign postal code Renton, WA 980579016		G Gross receipts \$ 3,669,681,859
	F Name and address of principal officer Rod Hochman MD 1801 Lind Avenue SW No 9016 Renton, WA 980579016		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ oregon providence org	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1986	M State of legal domicile OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Healthcare with special concern for the poor and vulnerable in Oregon		
	2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21,708
6 Total number of volunteers (estimate if necessary)	6	3,908	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,713,863	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	1,375,634	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	46,585,121	86,454,606
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,702,858,348	1,640,764,996
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,751,337	12,964,464
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	997,784,459	1,290,779,885
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,811,979,265	3,030,963,951
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,212,782	7,822,833
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>2,622,407</u>	1,181,767,807	1,292,152,458
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19 Revenue less expenses Subtract line 18 from line 12	1,387,139,180	1,656,881,451
Net Assets or Fund Balances		2,579,119,769	2,956,856,742
		232,859,496	74,107,209
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,786,653,641	3,077,440,440
		580,807,040	632,128,259
		2,205,846,601	2,445,312,181

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

Sign Here	Signature of officer			2016-11-15	
	Todd Hofheins EVP/CFO			Date	
Type or print name and title					
Paid Preparer Use Only	Prnt/Type preparer's name Sara Elizabeth J Hyre CPA		Preparer's signature Sara Elizabeth J Hyre CPA		Date
					Check ☐ if self-employed
	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			

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 808,224,910 including grants of \$ 0) (Revenue \$ 921,990,234)
Primary Care Visits 1,985,311OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship OUR COMMITMENTAs a not-for-profit health care ministry, Providence Health & Services - Oregon embraces our responsibility to respond to the needs of people in our communities, especially the poor and vulnerable This commitment, this Mission rooted in God's love for all, began with the Sisters of Providence more than 159 years ago The Heart of our MissionWe focus our community benefit outreach on four specific populations These are low-income and uninsured people, diverse populations, older citizens, and people with behavioral needs Our outreach can range from covering the medical bills of a husband and father disabled by diabetes, to financially supporting a nonprofit that embraces older refugees and immigrants We reinforce our commitments to caring for the poor and vulnerable This compassionate caring is, and always has been, the heart of our Mission Providence Health & Services - Oregon is a not-for-profit network of hospitals, care centers, health plans, physicians, home health services, clinics and other services We continue a tradition of caring that the Sisters of Providence began in the West 159 years ago Our facilities include Providence St Vincent Medical Center, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Willamette Falls Medical Center, Providence Newberg Medical Center, Providence Seaside Hospital, Providence Medford Medical Center, Providence Child Center, Providence Elderplace, Providence Benedictine Nursing Center, Providence Seaside Extended Care, Providence Home and Community Services, Providence Health Plans, Providence Medical Group clinics, Providence Graduate Medical Education clinics, Providence North Coast clinics and Providence Hood River clinics Research CentersProvidence physicians, scientists and research teams participate in basic research, applied research and clinical trial research They have achieved national recognition for their work, some of which has led to revolutionary changes in health care * Brain & Spine Institute* Center for Outcomes Research and Education* Earle A Chiles Research Institute, Robert W Franz Cancer Research Center* Heart & Vascular Institute* Orthopedics Research Institute* Women and Children's Health Research CenterThe ministries of Providence in Oregon have a shared vision to create an experience of connected care for each patient We also work to achieve the Triple Aim, which calls us to * Improve our population's health* Give our patients the best care experience* Make sure our services are affordableIn 2015, Providence in Oregon *Operated eight hospitals, more than 90 clinics and Oregon's largest neonatal intensive care unit* Provided primary, preventive and specialty care to over 1.9 million children and adults* Welcomed 9,379 babies - more than any other health system in Oregon* Cared for 284,431 emergency patients* Gave 448,981 home health and hospice visits/days of care to community residents	

4b	(Code) (Expenses \$ 766,261,251 including grants of \$ 0) (Revenue \$ 874,139,219)
Acute Care - Inpatient Admissions - 68,520, Patient Days - 296,061See Line 4a Narrative	

4c	(Code) (Expenses \$ 504,534,158 including grants of \$ 0) (Revenue \$ 575,556,731)
Acute Care - Outpatient Visits - 3,151,895See Line 4a Narrative	
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 354,447,503 including grants of \$ 7,822,833) (Revenue \$ 395,507,350)	

4e	Total program service expenses ▶ 2,433,467,822
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,435	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	21,708	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a14		
	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	1b14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OR, CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Karl E Fritschel CPA 2001 Lind Ave SW 9016 Renton, WA 980579016 (425) 525-3339

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount 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 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.

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

Form **990** (2015)

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,278,036	31,236,645	4,050,908

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 ► 3,124

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Oregon Emergency Physicians PC 9155 SW Barnes Rd 420 Portland, OR 97225	Medical Services	33,331,941
Allied Health Group dba Cross Country St 6551 Park of Commerce Blvd Boca Raton, FL 33487	Staffing	16,299,035
Andersen Construction Co Inc 6712 North Cutter Circle Portland, OR 97217	Construction Services	13,030,375
Anesthesia Associates Northwest 6400 SE Lake Rd 130 Milwaukie, OR 97222	Medical Services	8,893,739
Portland Hospital Services Corporation 18440 NE Portal Way Portland, OR 97230	Medical Services	6,636,107

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 ► 247

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	4,363				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	22,922,063				
	e	Government grants (contributions)	1e	47,494,429				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,033,751				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			86,454,606			
Program Service Revenue	2a	Primary Care	Business Code					
			621110	546,664,245	546,664,245			
	b	Acute Care/Inpatient	900099	518,300,444	518,300,444			
	c	Acute Care/Outpatient	621400	341,259,596	341,259,596			
	d	LTC/HomeCare/Hospice	621610	230,422,885	230,422,885			
	e	Healthcare JVs	900099	4,117,826	4,117,826			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,640,764,996			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,861,554			14,861,554	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties		1,229,042			1,229,042	
	6a	(i) Real		(ii) Personal				
		34,315,811						
		b	Less rental expenses					
		30,138,640						
	c	Rental income or (loss)						
	4,177,171							
	d	Net rental income or (loss)		4,177,171			4,177,171	
	7a	(i) Securities		(ii) Other				
		568,521,477		2,301,522				
		b	Less cost or other basis and sales expenses					
		571,007,534		1,712,555				
	c	Gain or (loss)						
	-2,486,057		588,967					
	d	Net gain or (loss)		-1,897,090			-1,897,090	
	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					
			42,011,614					
	b	Less cost of goods sold		b				
	35,859,179							
c	Net income or (loss) from sales of inventory . . .			6,152,435		2,025,922	4,126,513	
Miscellaneous Revenue			Business Code					
11a	Pharmacy		446110	652,377,772	652,377,772			
b	Laboratory		621500	480,600,986	470,913,045	9,687,941		
c	IAF - Contracted Svcs		900099	105,742,298			105,742,298	
d	All other revenue			40,500,181	3,137,721		37,362,460	
e	Total. Add lines 11a-11d			1,279,221,237				
12	Total revenue. See Instructions			3,030,963,951	2,767,193,534	11,713,863	165,601,948	

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.	7,822,833	7,822,833		
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.	5,127,511		5,127,511	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,169,318,920	1,020,137,278	149,181,642	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	26,430,375	23,058,389	3,371,986	
9	Other employee benefits.	10,829,788	9,448,100	1,381,688	
10	Payroll taxes.	80,445,864	70,182,837	10,263,027	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	764,123	224,272	539,851	
c	Accounting.	17,349		17,349	
d	Lobbying.	291,734		291,734	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,413,727		1,413,727	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	239,768,513	199,155,234	40,613,279	
12	Advertising and promotion.	5,372,973	254,768	5,118,205	
13	Office expenses.	50,710,821	31,590,517	19,120,304	
14	Information technology.	2,589,966	2,259,486	330,480	
15	Royalties.				
16	Occupancy.	41,032,549	32,415,714	8,616,835	
17	Travel.	5,819,661	4,550,516	1,269,145	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,093,645	2,960,078	1,133,567	
20	Interest.	5,452,351	5,452,351		
21	Payments to affiliates.	679,892,140	432,795,478	247,096,662	
22	Depreciation, depletion, and amortization.	91,655,558	72,407,891	19,247,667	
23	Insurance.	231,671	183,020	48,651	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Medical Supplies.	477,843,659	477,843,659		
b	Provider Tax Expense.	13,247,252	13,247,252		
c	Bad Debts.	6,894,460	6,869,238	25,222	
d	UBI Taxes.	1,375,498		1,375,498	
e	All other expenses.	28,413,801	20,608,911	5,182,483	2,622,407
25	Total functional expenses. Add lines 1 through 24e.	2,956,856,742	2,433,467,822	520,766,513	2,622,407
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		920,094	1	3,524,925	
	2	Savings and temporary cash investments		434,478,856	2	178,346,393	
	3	Pledges and grants receivable, net		7,368,316	3	6,053,605	
	4	Accounts receivable, net		289,723,283	4	356,486,393	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		1,247,936	7	1,572,429	
	8	Inventories for sale or use		36,501,589	8	37,266,593	
	9	Prepaid expenses and deferred charges		16,281,856	9	22,913,802	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,833,340,632			
	b	Less: accumulated depreciation	10b	1,803,055,470	1,058,553,757	10c	1,030,285,162
	11	Investments—publicly traded securities		754,896,082	11	979,983,837	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		118,007,214	13	305,418,778	
	14	Intangible assets		3,021,105	14	3,444,058	
	15	Other assets. See Part IV, line 11		65,653,553	15	152,144,465	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,786,653,641	16	3,077,440,440		
Liabilities	17	Accounts payable and accrued expenses		218,790,689	17	199,341,214	
	18	Grants payable			18		
	19	Deferred revenue		30,309,610	19	20,996,430	
	20	Tax-exempt bond liabilities		244,580,000	20	293,135,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		44,706,814	23	27,924,029	
	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		42,419,927	25	90,731,586	
	26	Total liabilities. Add lines 17 through 25		580,807,040	26	632,128,259	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		2,118,062,884	27	2,335,707,025	
28		Temporarily restricted net assets		56,078,913	28	75,895,106	
29		Permanently restricted net assets		31,704,804	29	33,710,050	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		2,205,846,601	33	2,445,312,181	
34		Total liabilities and net assets/fund balances		2,786,653,641	34	3,077,440,440	

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	3,030,963,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,956,856,742
3	Revenue less expenses Subtract line 2 from line 1	3	74,107,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,205,846,601
5	Net unrealized gains (losses) on investments	5	-30,052,950
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	195,411,321
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,445,312,181

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(Code	) (Expenses \$	340,560,556	including grants of \$	0) (Revenue \$	388,573,452)
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Long-Term Care, Homecare, Hospice, Housing & Assisted Living LTC Patient Days - 48,701, Housing & Assisted Living Days - 143,140
Quality home care For the seventh consecutive year, Providence Home Care in southern Oregon has been named as one of the top 500 home health agencies in the nation by HomeCare Elite, based on measures of quality and financial performance
Hospice services in rural area Providence Hood River Memorial Hospital, a critical access facility, has expanded hospice care to serve residents in the Columbia Gorge area

(Code	) (Expenses \$	7,822,833	including grants of \$	7,822,833) (Revenue \$	0)
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Grants & Allocations to Community Organizations - See Schedule I

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

(Code	) (Expenses \$	6,064,114	including grants of \$	0) (Revenue \$	6,933,898)
Healthcare Joint Ventures					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Holcomb Chair of the Board	0 10 7 60	X		X				0	60,360	0
Chauncey Boyle SP Director	0 10 5 50	X						0	0	0
Manan Schubert CSJ Director	0 10 4 30	X						0	0	0
Phyllis Hughes RSM Director	0 10 5 00	X						0	0	0
Carolina Reyes MD Director	0 10 4 60	X						0	15,360	0
Michael A Stein Director	0 10 6 00	X						0	15,360	0
Eugene Al Pamsh Director	0 10 5 00	X						0	15,360	0
Bob Wilson Director	0 10 5 00	X						0	18,360	0
Sallye Lner Director	0 10 4 30	X						0	15,360	0
Isiaah Crawford Director	0 10 4 10	X						0	18,360	0

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			
Martha Diaz Aszkenazy Director	0 10 7 70	X						0	18,360	0
Kirby McDonald Director	0 10 4 60	X						0	15,360	0
Dave Olsen Director	0 10 5 50	X						0	17,860	0
Charles Chuck Watts Director	0 10 4 60	X						0	18,360	0
Rod F Hochman MD President / CEO	14 00 51 00			X				0	5,102,809	74,417
Todd Hofheins EVP/CFO	14 00 51 00			X				0	970,092	295,713
Cindy Strauss EVP/Chief Legal Officer	13 00 47 00			X				0	1,526,357	64,699
Dave Undermner CE/OR Region	51 00 14 00			X				0	892,463	115,581
William Olson VP/Financial Ops , OR	39 00 11 00			X				0	525,308	49,960
Randy Axelrod MD Thru 315 EVP/Clinical & Patient Services	13 00 47 00				X			0	1,416,580	35,750

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			
Mike Butler President/Operations & Services	13 00 47 00				X			0	1,572,348	740,248
Debbie Burton SVP/ Chief Nrsg Officer	13 00 47 00				X			0	683,302	55,602
Debra Canales EVP/Chief People & Expenence Ofc	13 00 47 00				X			0	1,650,655	458,130
Jack Friedman Thru 615 SVP/Accountable Care & Payor Rel	11 00 39 00				X			0	770,782	117,919
Mark Gargett VP/Digital Integration	11 00 39 00				X			0	632,716	82,292
Joel Gilbertson SVP, Comm Partnrshp & Ext Affairs	13 00 47 00				X			0	566,699	203,896
Aaron Martin SVP/Strategy & Innovation	14 00 51 00				X			0	681,696	189,399
Tom McDonagh VP/Chief Investment Officer	13 00 45 00				X			0	963,343	58,116
Rhonda Medows MD EVP/Population Health	13 00 47 00				X			0	667,975	188,508
Jack Mudd SVP/Mission Leadership	12 00 43 00				X			0	632,418	88,850

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			
Janice Newell SVP/Chief Information Officer	13 00 47 00				X			0	1,535,323	37,767
Doug Koekkoek CEO/OMG/Patient Services	50 00 0 00				X			0	624,110	223,383
Harvey Smith SVP/Chief Customer Svc Officer	11 00 39 00				X			0	844,548	41,905
Teresa Spalding VP/Revenue Cycle	13 00 47 00				X			0	691,899	45,132
Theron Park CEO/Oregon Delivery System	50 00 0 00				X			0	561,200	179,713
Sharon Toncray SVP/HR Strat Partners	12 00 43 00				X			0	563,982	196,084
Lisa Vance SVP/Clinical Program Services	14 00 51 00				X			0	786,086	51,186
Craig Wnght MD SVP/Physician Services	13 00 47 00				X			0	2,795,040	125,380
Janice Burger CE/W OR Division	50 00 0 00				X			0	2,007,143	50,840
Enn Allen Physician - Dermatology	40 00 0 00					X		877,526	0	38,800

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			
Walter Urba Administrator/Clinical Research	40 00 0 00					X		851,914	0	51,865
Jeffrey Swanson Surgeon - Cardiology	40 00 0 00					X		874,090	0	30,874
Robert Gluckman CMO	40 00 0 00					X		837,985	0	71,296
Daniel Oseran Exec Vascular/Heart Inst	40 00 0 00					X		836,521	0	34,839
John Fletcher Former VP/Operations Support	0 00 0 00						X	0	583,850	18,778
Jan Jones Former SVP/CAO	0 00 0 00						X	0	759,461	33,986

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		125,649
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		166,085
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			291,734
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Lobbying activity includes * Analysis of early draft legislation for 2016 Oregon Legislative Session * Visits, calls, e-mails, and letters to state legislators, legislative bodies, and members of Congress * Visits, calls, e-mails, and letters to legislative staff and government officials * Discussions and meetings with lobbyists * Ongoing analysis of legislation during the 2015 Legislative Session * Attending state, federal and local government hearings and meetings in the Portland area Ballot measures * During 2015, Providence in Oregon did not engage in discussions on any state and local government ballot measures. We did engage in preliminary discussions on prospective initiative petitions which were ultimately withdrawn. * We contributed financially to school district and community health ballot measures, but did not engage in advocacy. Issues advocacy Major issues supported, opposed, or commented on to legislators/government officials/staffers by Providence in Oregon, in 2015 include * Employer/employee relations issues * Health insurance mandates * Health insurer regulatory, finance and legislative issues * Hospital regulatory, finance and legislative issues * Long term care facilities regulatory, finance and legislative issues * Medicaid health care transformation and coordinated care organizations * Oregon health insurance exchange * Health care workforce issues * Provider reimbursement and alternative payment methods * Pharmacy benefit management issues * Pharmacy prescribing practices and coverage * Cultural competency and eliminating disparities in health care * Patient privacy and notification * Mental health integration and benefit * Community health needs assessment * Local government - Transportation and economic issues - Community outreach and education - Paid sick leave

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land	41,620,653	68,551,036		110,171,689
b Buildings	5,124,682	1,259,726,052	760,846,684	504,004,050
c Leasehold improvements		47,159,967	33,368,304	13,791,663
d Equipment		851,714,496	749,577,645	102,136,851
e Other		559,443,746	259,262,837	300,180,909
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,030,285,162

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part X, Line 2	The Health System (Providence Health & Services) recognizes the effect of income tax positions only if those positions are more likely than not of being sustained upon an audit by the taxing authority. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

Part XIII

Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

¹ (a) Description of Liability	(b) Book Value
Resident Trust Funds	1,056,977
LT Asset Retirement Obligation - FIN 47	2,762,682
Third Party Reserves	3,812,448
Bond Premium Discount	9,228,465
Capitalized Lease Obligations	55,134
Pension Benefit Obligation	16,052,934
EHR Incentive Settlement Payable	725,523
Due To Affiliates	57,037,423

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization PROVIDENCE HEALTH & SERVICES - OREGON	Employer identification number 51-0216587
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		21,084	43,895,187		43,895,187	1 490 %
b Medicaid (from Worksheet 3, column a)		224,887	478,400,266	344,605,938	133,794,328	4 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		245,971	522,295,453	344,605,938	177,689,515	6 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		188,920	5,177,971		5,177,971	0 180 %
f Health professions education (from Worksheet 5)		2,032	25,788,286	9,238,568	16,549,718	0 560 %
g Subsidized health services (from Worksheet 6)		106	23,866,111	12,066,711	11,799,400	0 400 %
h Research (from Worksheet 7)			34,152,212	21,346,777	12,805,435	0 430 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		101,559	4,258,348		4,258,348	0 140 %
j Total. Other Benefits		292,617	93,242,928	42,652,056	50,590,872	1 710 %
k Total. Add lines 7d and 7j		538,588	615,538,381	387,257,994	228,280,387	7 740 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	7,040	4,489	2,400	2,089	0 %
2	Economic development	420	42,000	4,200	37,800	0 %
3	Community support	14,045	448,476	54,540	393,936	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members	617	58,782	19,110	39,672	0 %
6	Coalition building	2,709	367,074	68,850	298,224	0 010 %
7	Community health improvement advocacy	3,997	90,774	34,890	55,884	0 %
8	Workforce development	346	101,010	11,100	89,910	0 %
9	Other	25	2,500		2,500	0 %
10	Total	29,199	1,115,105	195,090	920,015	0 020 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

2

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

2

6,894,460

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

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

5

986,856,236

6

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

6

1,168,111,862

7

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

7

-181,255,626

8

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

☐ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

Part V Facility Information

Section A. Hospital Facilities

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

8

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
PH&S - Oregon (Group A)

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The significant health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☐ Hospital facility's website (list url) <u>See Section C</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	7 8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>communitybenefit providence org/community-health-needs-assessments/</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10 10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

PH&S - Oregon (Group A)

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % ☐ Income level other than FPG (describe in Section C) ☐ Asset level ☐ Medical indigency ☐ Insurance status ☐ Underinsurance discount ☐ Residency ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☐ Described the information the hospital facility may require an individual to provide as part of his or her application ☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☐ The FAP was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ The FAP application form was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ A plain language summary of the FAP was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) ☐ Selling an individual's debt to another party ☐ Actions that require a legal or judicial process ☐ Other similar actions (describe in Section C) ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

PH&S - Oregon (Group A)

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	Yes	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
PH&S - Oregon (Group B)

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The significant health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☐ Hospital facility's website (list url) <u>See Section C</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>communitybenefit providence org/community-health-needs-assessments/</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

PH&S - Oregon (Group B)

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % ☐ Income level other than FPG (describe in Section C) ☐ Asset level ☐ Medical indigency ☐ Insurance status ☐ Underinsurance discount ☐ Residency ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☐ Described the information the hospital facility may require an individual to provide as part of his or her application ☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☐ The FAP was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ The FAP application form was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ A plain language summary of the FAP was widely available on a website (list url) www2 providence org/obp/states/OR/financial-assistance.html ☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) ☐ Selling an individual's debt to another party ☐ Actions that require a legal or judicial process ☐ Other similar actions (describe in Section C) ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

PH&S - Oregon (Group B)

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	Yes	

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **345**

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	The PH&S sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with income between 201% and 400% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges

Form and Line Reference	Explanation
Part I, Line 6a	In addition to the PH&S - Oregon Community Benefit Report, the information is also included in the Providence Health & Services Health System Community Benefit Report

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 6,894,460

Form and Line Reference	Explanation
Part II, Community Building Activities	COMMUNITY BUILDING ACTIVITIES Basic needs including food security and housing Providence recognizes that the social determinant of health needs includes adequate housing, food, transportation, utilities and primary education. These deficits fall disproportionately on low-income and multicultural populations and therefore Providence has aligned its community building and diversity programs to intersect with and advise our community benefit giving. In many cases, programs supporting housing, food, and transportation are reported as Community Health Improvement Services as they were specifically identified in the Community Health Needs Assessment Oregon ranks third in homelessness per capita according to the U.S. Department of Housing and Urban Development. Lack of adequate housing contributes to poor health, therefore, Providence supports a number of not-for-profit community organizations that help homeless people or work to prevent homelessness. Providence is the only health system asked to participate on the 10 Year Plan Homelessness Reset Committee. In addition, we partner with organizations in multiple Oregon communities that provide or support low-income housing. Some important partners include Central City Concern, St. Vincent De Paul, Catholic Charities, Transition Projects Incorporated, the Good Neighbor Center, Neighborhood Partnership Fund, Portland Rescue Mission, Share Outreach Vancouver and West Women's Shelter Providence has been a leader in recognizing the significant impact of hunger on the health and well-being of all residents in the state. Oregon ranks as one of the five "hungeriest states," with nearly 65% of eligible children qualifying for free or reduced lunches. Providence works with the Oregon Food Bank, Partners for a Hunger-Free Oregon, The Children's Nutrition Network, The Governor's Task Force to End Hunger and Farmer's Ending Hunger, Oregon childhood hunger task force, as well as numerous food pantries in communities we serve. Economic Development Economic development has an important impact on available housing and services for the underserved. An economically depressed area cannot easily support and care for the vulnerable. Providence looks for partnerships with like-minded organizations that will encourage a stable and strong economy. We participate in local and state organizations in each of our ministries, as well as provide executive leadership to city, county and state boards. Support for Healthy Lives and Healthy Communities It is critical that such needs as after school programs, neighborhood support groups and violence prevention be identified and addressed in communities. We have involved public and private partners such as Self-Enhancement, Inc. as well as the Portland Trailblazers and The Portland Timbers in collaborative health initiatives. In addition, we have many not-for-profit community partners with whom we work and support financially to reach populations who need these types of services. Leadership Development and Training for Community Members and Youth In this area, Providence has put a strong focus on diverse and low-income communities. For example, for some years we have provided scholarships for youth in multicultural and diverse populations, including Asian, African-American and Hispanic communities. Community partners include Self Enhancement Incorporated, Hood River School District, De La Salle North School and Rosemary Anderson High School. Building Health Equity and Collaboration Providence has long known that, while we can do a great deal to help our communities, we often cannot get the best results in meeting health needs, and those basic needs that contribute to or affect health, by aligning with other organizations that have an established presence and expertise. Throughout our history, we have sought like-minded partners with a mission to care for the vulnerable in the communities we serve. During 2015, we continued our financial support to an array of diverse organizations that are intent on building collaborative programs that will meet community health and build health equity. These include Oregon Public Health Institute, Oregon Health Equity Alliance, Impact NW, Familias en Accion, the African-American Health Coalition, Asian Muslims in Need, Catholic Charities, Jefferson Regional Health Alliance, Asian Health and Service Center, La Clinica del Carinho, United Way of Jackson County and many more. Community Health Improvement Advocacy In keeping with our strong commitment to social justice, Providence is an advocate for those among us who do not have a voice in policy development and community decision making. During 2015, we worked with Upstream Public Health, Oregon Public Health Institute, El Programa Hispano, Ecumenical Ministries of Oregon, Northwest Health Foundation, Oregon Primary Care Association, NAMI, Office of Health Equity, Children First for Oregon, and Ride Connection, among others, to ensure that the needs of those we serve are

Form and Line Reference	Explanation
Part II, Community Building Activities	ve been articulated to policy makers We actively supported initiatives to improve provide r cultural competence in care giving with required continuing education courses We have a responsibility to care for people who come to us for services and also to seek out the un met needs of people who lack basic essentials every day As a not-for-profit health care s ystem, Providence Health & Services reinvests its income into the communities we serve We partner with local organizations to help improve health and quality of life for those who are poor, marginalized and vulnerable To ensure that we use our resources responsibly - where they can help those most in need - we attempt to match our giving to areas of greate st need, as identified in our Oregon Community Health Needs Assessment We invite you to r eview how we're working with our community partners to ease some of these greatest needs p er our 2015 Oregon Region Community Benefit report, available online at http //oregon prov idence org/about-us/community-benefit-report/ Workforce Development Providence provided fi nancial support to the De La Salle North Catholic High School, Albertina Kerr, De Paul Ind ustries, University of Portland, Portland State University, Clatsop Community College, Hood River County Health Department, the Oregon Center for Nursing, POIC and a workforce deve lopment initiative in Oregon City, all of which are working to enhance communitywide workf orce issues in various parts of Oregon

Form and Line Reference	Explanation
Part III, Line 2	Bad debt expense represents the amount of gross charges for patients who do not have insurance and which PH&S-O R was unable to qualify for assistance under either government programs or our internal charity care policy

Form and Line Reference	Explanation
Part III, Line 4	The Health System provides for an allowance against patient accounts receivable for amounts that could become uncollectible. The Health System estimates this allowance based on the aging of accounts receivable, historical collection experience by payor, and other relevant factors. There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments to be made by patients with insurance coverage and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the estimation process used by the Health System. The Health System records a provision for bad debts in the period of services on the basis of past experience, which has historically indicated that many patients are unresponsive or are otherwise unwilling to pay the portion of their bill for which they are financially responsible.

Form and Line Reference	Explanation
Part III, Line 8	It is Providence's policy to exclude any Medicare shortfall from Community Benefit information. The amount reported on Part III, Section B, line 6, was determined by applying the Cost-to-Charge Ratio to the Medicare revenue.

Form and Line Reference	Explanation
Part III, Line 9b	Billing and Collection Practices1 Providence makes all reasonable attempts to confirm that patients are not eligible for assistance programs prior to collection agency assignment 2 Providence activity prior to transferring an account - Prior to transfer to a collection agency, Providence will send a minimum of 3 statements and make two phone attempts to the patient at the address and phone number provided by the patient Statements and communications will inform the patient of their financial responsibility and of Financial Assistance 3 In cases where a voluntary trust deed has secured a Providence debt, Providence does not execute a lien that forces the sale, vacancy or foreclosure of an assistance patient's primary residence to pay for outstanding medical bills

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT The CHNA process was conducted in several steps, and in this case in collaboration with many other partners The complete Methods are available in the documents, which can be found at the above URLs Information included in the process includes secondary data (public health, County Health Rankings, American Community Survey, Truven Health Analytics, and Oregon Department of Education, amongst others) There is also primary data collection, which includes a community health survey, hospital utilization data based upon "vulnerable" patients accessing emergency care for Ambulatory Care Sensitive Conditions, key stakeholder interviews of social service and other leaders in the region, and listening sessions with populations of particular concern (limited English proficiency, <200% FPL, elderly, disabled, and/or migrant/seasonal farmworkers)

Form and Line Reference	Explanation
Part VI, Line 3	COMMUNICATION TO THE PUBLIC Providence hospitals post notices regarding the availability of financial assistance to low-income uninsured patients. These notices are posted in visible locations throughout the hospital such as admitting/registration, billing office, emergency department and other outpatient settings. Every posted notice regarding financial assistance policies contains brief instructions on how to apply for financial assistance or a discounted payment. The notices also include a contact telephone number that a patient or family member can call to obtain more information. Providence ensures that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training is provided to staff members (i.e., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills. When communicating to patients regarding their financial assistance policies, Providence attempts to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations. Providence shares their financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients.

Form and Line Reference	Explanation
Part VI, Line 4	COMMUNITY INFORMATION this information is from Providence's 2013 Community Health Needs Assessment. The next CHNA will be conducted and completed in 2016. Hospital locations include four within the Portland metropolitan area as well as four others across the state, providing services for over 1.5 million people in 2013: Portland Service Area (PSA) of Providence Milwaukie Hospital; Providence Portland Medical Center; Providence St. Vincent Medical Center; Providence Willamette Falls Medical Center; Non-Portland Service Areas of Providence Hood River Memorial Hospital (PHRMH, Gorge Service Area); Providence Medford Medical Center (PMMC, Southern Oregon Service Area); Providence Newberg Medical Center (PNMC, Yamhill Service Area); Providence Seaside Hospital (PSH, North Coast Service Area). Providence Medford and Providence Newberg are both accredited "baby-friendly" hospitals, with the remaining six seeking accreditation by 2015. The state population is approaching 4,000,000 and is seeing growth in populations of all ethnicities and races. As a whole, nearly half of the state (44.9%) lives at or below 250% FPL by 2012 guidelines, though there are concentrated pockets of higher saturation. Life expectancy is increasing and Oregon as a state is therefore aging, while concurrently becoming more diverse. Oregon has one of the highest percentages of uninsured persons in the country, and this varies drastically by county. Oregon is a predominantly White state, with slightly over 88% identifying as "White only" in 2012. Only 2% identify as Black or African American (compared with 13.1% nationally), 12.2% as Hispanic or Latino, and 1.8% as American Indian or Alaskan Native. The Office of Equity and Inclusion notes that Oregon is home to 174,000 migrant and seasonal workers, many of whom have lesser income than non-migrant counterparts and reduced access to social services and healthcare. Oregon's overall measures of health have decreased since 2011 according to both America's Health Rankings (then ranked at #8) as well as the Gallup-Healthways Well-Being Index. Due to different approaches and methodology, AHR now ranks the State of Oregon as #13 in the country, whereas Gallup-Healthways ranks Oregon at #24. Oregon's strongest measures are in healthy behaviors, low prevalence of low birth-weight babies and teen birth rate. It also has a low infant mortality rate, low prevalence of sedentary lifestyle, a comparatively low rate of preventable hospitalizations, and the highest percentage of social support in the nation and rate of breastfeeding initiation. Some key challenges for the state as a whole include the high rate of uninsured (20% of the population), low per capita public health funding, low immunization rates, and one of the highest suicide rates in the country. In the past 10 years, the rate of preventable hospitalizations has decreased 20%, from 53.6 discharges per 1,000 Medicare enrollees to just under 43, which is a reflection of increased efficiency in how the population uses various healthcare delivery options to access care. Oregon has one of the highest rates of food insecurity, with 29% of households with children having experienced food insecurity in the past year (compared with the national average of 20.2%). As mentioned above, suicide rates are 36% higher in the state of Oregon than the national average. The Oregon Health Authority found that behavioral patterns relate directly to 40% of premature deaths in the state. Although injury, which includes intentional self-injury leading to death, is ranked third in Cause of Death data, it is the leading contributor to Years of Potential Life Lost (YPLL) in the state. With regard to oral health, Oregon is ranked #48 nationally for access to fluoridated water supplies. Oregon is a relatively poor state, with a Gross Domestic Product of \$44,447 per capita in 2012. It is the 26th ranked state in terms of GSP in contribution to the national GDP, contributing approximately 1.16%. The national average of GDP per capita is \$51,144. Recent studies have found that poverty itself may lead to poorer cognitive abilities, and that those with the co-occurring condition of poverty are more likely to suffer from high blood pressure, high cholesterol, or elevated rates of obesity and diabetes. Not only are these issues due to high levels of stress, but also through limited access to nutritious food, a higher likelihood to smoke, and poorer living environments. Oregon has slightly lower than average unemployment rates and lower per capita income compared to national averages. The median household income for 2012 was lower than the national average at \$45,758 (national average of \$51,371) and Oregon had a property rental rate of approximately 34 percent (56% owner-occupied, 9% vacant). Oregon has one of the lowest expenditures on public health per capita in the nation, yet generally achieves median health outcomes. The Federal Poverty Level (FPL) was assessed as measure of relative poverty.

Form and Line Reference	Explanation
Part VI, Line 4	Each year, the United States updates their poverty guidelines to reflect 100% of the Federal Poverty Level based upon the number of persons in a household. Household income can then be assessed as a percentage of the Federal Poverty Level, and is frequently used to determine eligibility for social service programs. African-American women are 10% more likely to deliver a low birth-weight baby than other mothers and have a 50% higher infant mortality rate than their White counterparts in the state of Oregon. African-Americans have double the rate of teenage pregnancy (34.1) compared to White mothers, as well as reporting the highest rates of unintended pregnancies. Hispanic/Latino mothers report the highest teenage pregnancy rates in the state, with 53.7 pregnancies per thousand women aged 15-19. In 2010, The Oregon Health Authority partnered with OMEP and other agencies to produce the State of Equity report. The committee found ethnic disparities in 20 out of 31 identified Key Performance Measures and noted a startlingly consistent pattern of disparity despite varied methods of collection and data sources. Although the low prevalence of sedentary lifestyle is a strength for the state, there are substantial ethnic disparities in the measure. For example, Hispanics are more likely to report being sedentary (21.3%) than their non-Hispanic white counterparts at 17.3%. African Americans are significantly more likely than Whites to die from heart disease, stroke, diabetes, and cancer. In 2010, cancer was reported as the overall leading cause of death in the state. Of those diagnosed, 55% of invasive cancers were diagnosed in persons over age 65 (an age-group that makes up 14% of the population) and Hispanics were less likely than non-Hispanics to have cancer (352.1 compared to 439.5 per 100,000 population). America's Health Rankings note that seniors with less than a high school degree have a lower prevalence of social support and are less likely to rate their own health as "very good or excellent" relative to individuals in the same age cohort who received a college degree. The Office of Equity and Inclusion notes that the 174,000 migrant or seasonal workers in the state experience higher rates of diabetes, hypertension, cardiovascular disease, and cancer than their non-migrant counterparts. The Annie E. Casey Foundation and their KIDS COUNT Data Project has collected data on children for the past several years, and in Oregon have partnered with Children First for Oregon. They rank Oregon #17 of the 50 states for Child Health (an improvement from #20 in 2012), but only 32 in overall rank (including #41 in Economic Well-Being). Their findings indicate that since 2008, childhood poverty has been consistently increasing at the county level, as has childhood abuse and neglect. The highest rates reported in 2011 were in Wheeler and Gilliam counties. Oregon has a rate that is 5% higher than the national average of children in households who spend more than 30% of their income on housing and a low rate of 3-6 year olds enrolled in preschool. Nearly 70% of Hispanic children lived in households that were under 200% of the Federal Poverty Level in 2011, compared to 40% of non-Hispanic Whites. However, Oregon also has some key strengths: a lower-than-average percentage of low birth weight babies and a consistently lower teenage birth rate. The Oregon Department of Human Services published the Child Welfare Data Book in 2012. In it, they recognize that only half of all reports to Child Protective Services were investigated and that over 55% of children who entered foster care had four or more reasons for being removed from their home. These reasons include physical abuse, parent or child drug or alcohol abuse, inadequate housing, child's disability or behavior or sexual abuse.

Form and Line Reference	Explanation
Part VI, Line 5	FURTHERANCE OF EXEMPT PURPOSE As a not-for-profit Catholic health care ministry, Providence Health & Services embraces its responsibility to provide for the needs of the communities it serves - especially the poor and vulnerable Providence's not-for-profit, tax-exempt status enables Providence to serve its communities, to solicit donations through its foundations and to access capital to respond to community needs that otherwise would go unmet Health care is fundamentally different from most other goods and services It is about the most human and intimate needs of people, their families and communities This critical difference is why we should work together to preserve and strengthen the not-for-profit sector in health care In each of the communities where we serve, our ministries are actively involved with public, private and other health systems in working towards better health outcomes for the entire community Examples of this include participation by all Portland area hospitals in two coordinated care organizations, and all four county health departments in a single collaborative community health needs assessment through the Healthy Columbia Willamette Collaborative, as well as joint community initiatives regarding opiate misuse reduction and access to breast milk In addition, with working as a founder and ongoing partner of Portland Project Access NOW, Providence facilities represent four of fourteen participating hospitals and 3,300 providers who agree to provide needed medical care to Oregon community members with low incomes and with urgent needs Providence's participation and support helps to ensure that this is achievable In the Gorge, Providence is actively engaged in the Columbia Gorge Health Council, as well as the Regional Health Needs Assessment and Health Improvement Plan This collaboration includes other hospitals, federally-qualified health centers, social service agencies, and county health departments In addition, we still are home to the county's community health collaborative, MOCHA, which brings together the hospital, the schools, the growers, the public health department, community health center and private providers to identify and work on community health needs in a collaborative manner

Form and Line Reference	Explanation
Part VI, Line 6	AFFILIATED HEALTH CARE SYSTEM The Health System owns or operates 34 general acute care hospitals, three ambulatory care centers, six medical groups, six long term care facilities, seven homecare and hospice entities, five assisted living facilities, a high school, a university, 13 low income housing projects, the Health Plan, a health services contractor, two programs of all inclusive care for the elderly, and 23 controlled fundraising foundations The Health System provides inpatient, outpatient, primary care, and home care services in Alaska, Washington, Montana, Oregon, and Southern California The Health System operates these businesses primarily in the greater metropolitan areas of Anchorage, Alaska, Seattle, Spokane, Kennewick, and Olympia, Washington, Missoula, Montana, Portland and Medford, Oregon, and Los Angeles, CaliforniaThe charitable purpose of Providence Health & Services and each of its ministries is guided by one Mission and set of core values based on Catholic health care and guided by the legacy of the Sisters of Providence As one system committed to caring for the poor and vulnerable, Providence Health & Services has developed a single framework for consistently reporting charity care and community benefit Our responsibility to stewardship drives us to a standardized approach to supply chain so that we can deliver excellent patient care while reducing the cost of delivered supplies Our commitment to respect and fairness means Providence has a system-wide compensation policy Locally, Providence ministries are empowered to apply these policies to meet the local needs of their community Additionally, Providence ministries conduct local assessments to make sure the needs of the community are met As an integrated health system, Providence Health & Services - Oregon Region and Providence Health Plans (based in Oregon) provide extensive services that support and promote the health needs of the communities we serve In 2015, Providence Oregon provided more than \$225.7 million in community benefits including free and reduced-cost medical care, health services for underserved populations, Oregon Health Plan (Medicaid) and government sponsored medical care, and medical education and research These benefits to our Oregon communities are shared between our eight hospitals, our clinical programs and Providence Medical Group, and the Providence Health Plan Throughout our more than 155-year-history, Providence has responded to community need, with special emphasis on helping the most vulnerable In 2015, Providence in Oregon provided nearly \$11 million in direct grants and subsidized services in the communities we serve Thousands of adults and children received help and support through these grants, donations and community outreach Our areas of focus include primary care and new models of team-based care delivery for uninsured, low-income and culturally diverse populations, as well as access to behavioral health care for underserved populations Additional priorities, as identified in our 2013 CHNA, include access to oral health services and chronic conditions prevention and management We also help provide palliative care and safety net health care services for underserved populations Providence in Oregon collaborates with community partners to help manage the cost of health care and change the way patients are cared for in our community We believe patient-centered, team-based primary care is the foundation of health care transformation Disparities are a feature of health care in Oregon as they are nationally Providence's integrated delivery of care in Oregon allows us to provide leadership in developing new clinical models to coordinate care, standardize processes and improve patient outcomes Providence has implemented new patient centered primary care home models of health care delivery across the state using employed physicians in partnership with Providence Health Plans, other commercial insurers and the Medicaid population Many of these sites are targeted at underserved and high risk populations Within Oregon, Providence has been an active participant in shaping the transformation of the state's health care system Providence leaders were selected by the governor to participate in workshops that will help define the details of coordinated care organizations and make additional recommendations to the 2013 legislative session Providence is already making changes internally and working with other health systems and community partners to begin this transformation and has executives appointed to the Board and/or sub-committees of the Coordinated Care Organizations within our service areas

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

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Providence Portland Medical Center 4805 NE Glisan St Portland, OR 97213 oregon providence org 14-0012	X	X		X			X			A
2	Providence St Vincent Medical Center 9205 SW Barnes Rd Portland, OR 97225 oregon providence org 14-0912	X	X		X			X			A
3	Providence Milwaukie Hospital 10150 SE 32nd Milwaukie, OR 97222 oregon providence org 14-1430	X			X			X			A
4	Providence Hood River Mem Hospital 811 - 13th Street Hood River, OR 97031 oregon providence org 14-1452	X				X		X			A
5	Providence Seaside Hospital 725 S Wahanna Rd Seaside, OR 97138 oregon providence org 14-1231	X				X		X		Nursing Facility	B
6	Providence Newberg Medical Center 1001 Providence Drive Newberg, OR 97132 oregon providence org 14-1438	X	X					X			B
7	Providence Medford Medical Center 1111 Crater Lake Avenue Medford, OR 97504 oregon providence org 14-0734	X	X					X			B
8	Providence Willamette Falls Med Ctr 1500 Division Street Oregon City, OR 97045 oregon providence org 14-1471	X						X			A

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

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

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

Form and Line Reference	Explanation
Part V , Section B	Facility Reporting Group A

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

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

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

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Providence Portland Medical Center, - Facility 2 Providence St Vincent Medical Center, - Facility 3 Providence Milwaukie Hospital, - Facility 4 Providence Hood River Mem Hospital, - Facility 8 Providence Willamette Falls Med Ctr

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

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 5	The collaborative CHNA process included feedback and input from many community members and others with special knowledge of or expertise in public health. These efforts included direct collaboration with 4 county public health departments, as well as engaging individuals with specific content expertise. A complete list of those engaged in the process can be seen in the Appendix of the collaborative report, available at the following URL: https://multco.us/healthy-columbia-willamette-collaborative/reports

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

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 6a	Providence participated as a member of the Healthy Columbia Willamette Collaborative, encompassing Clackamas, Multnomah, and Washington counties in Oregon as well as Clark County, Washington. Other hospital partners included the 3 other Providence hospitals in the 4-county region, as well as Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Hospital, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Oregon Health & Science University, PeaceHealth Southwest Medical Center, and Tuality Healthcare/Tuality Community Hospital.

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

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

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Form and Line Reference	Explanation
Group A - Facility 1 -- Providence Portland Medical Center Part V, Section B, line 6b	Other participating organizations in HCWC include Clark County Public Health Department, Clackamas County Health Division, Multnomah County Health Department, and Washington County Public Health Division, along with the two Coordinated Care Organizations serving the area FamilyCare and Health Share of Oregon

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 11	PPMC is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Partners and members of the Healthy Columbia Willamette Collaborative recognized access to affordable health care, chronic disease (related to physical activity and healthy eating), mental health, and substance abuse as the significant needs identified. All partners of the collaborative are working on these issues in different ways, with some efforts coordinated across partners. The collaborative as a whole committed to two specific collaborative health improvement efforts: developing a community prescribing standard for opiates and increasing access to human breast milk. Providence was a leading partner in the development of an opiate prescribing standard across the four-county region, engaging the Persistent Pain program and focusing on provider education. All HCWC partners agreed to the standard, as did other prescribers in the HCWC region. Providence continues to be an active participant in the work around increasing access to human breast milk through its partnership with NW Mother's Milk Bank, engagement in work place policy discussions, and engaging with CCOs and other payers regarding provision of breast pumps. PPMC participated in several other community-based activities, including collaborative efforts with other hospitals and Project Access NOW around healthcare outreach and enrollment and ensuring engagement of local volunteer providers to provide necessary care for the remaining un- and underinsured. Providence supported Wallace Medical Concern, a local FQHC, to provide resident health promotion services in a new affordable housing complex co-located within the clinic. PPMC also supported the Housing with Services program through Cedar Sinai Park to continue providing supportive services for vulnerable residents, along with programs through Our House, Partnership Project, and Transition Projects. Providence supported 211-Info, Familias en Accion, and Ride Connection across the Portland Metropolitan area to provide training to providers and community members regarding available resources and culturally competent care. Additionally, Providence engaged with Multnomah County Health Department to support the Tri-County 911 program for the remaining uninsured. The CCOs in the area are funding this resource for the Medicaid population, and Providence's financial support is allowing them to provide the service to the remaining uninsured. This program provides target case management and outreach for individuals with multiple calls to EMS or other emergency services for mental health or substance use related issues. Providence has continued its partnership with Medical Teams International to provide mobile dental services for community members who are un- or under-insured. Providence directly provided diabetes education classes, staff time at community events, support groups, caregiver support and training programs, patient support for safe and secure discharge for the first thirty days in partnership with Project Access NOW, and sports physicals for students who could otherwise not afford them. Providence also provides placement and supervision for Residency programs, nursing programs, physical therapy, and community paramedic training. Additionally, Providence continued its commitment to the Parish Health Promoter program (Promotores), which provides culturally competent training and care for Spanish-speaking members of the community through outreach and education. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A - Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 5	The collaborative CHNA process included feedback and input from many community members and others with special knowledge of or expertise in public health. These efforts included direct collaboration with 4 county public health departments, as well as engaging individuals with specific content expertise. A complete list of those engaged in the process can be seen in the Appendix of the collaborative report, available at the following URL: https://multco.us/healthy-columbia-willamette-collaborative/reports

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

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 6a	Providence participated as a member of the Healthy Columbia Willamette Collaborative, encompassing Clackamas, Multnomah, and Washington counties in Oregon as well as Clark County, Washington. Other hospital partners included the 3 other Providence hospitals in the 4-county region, as well as Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Hospital, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Oregon Health & Science University, PeaceHealth Southwest Medical Center, and Tuality Healthcare/Tuality Community Hospital.

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

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

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Form and Line Reference	Explanation
Group A - Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 6b	Other participating organizations in HCWC include Clark County Public Health Department, Clackamas County Health Division, Multnomah County Health Department, and Washington County Public Health Division, along with the two Coordinated Care Organizations serving the area FamilyCare and Health Share of Oregon

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

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 11	PSVMC is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Partners and members of the Healthy Columbia Willamette Collaborative recognized access to affordable health care, chronic disease (related to physical activity and healthy eating), mental health, and substance abuse as the significant needs identified. All partners of the collaborative are working on these issues in different ways, with some efforts coordinated across partners. The collaborative as a whole committed to two specific collaborative health improvement efforts: developing a community prescribing standard for opiates and increasing access to human breast milk. Providence was a leading partner in the development of an opiate prescribing standard across the four-county region, engaging the Persistent Pain program and focusing on provider education. All HCWC partners agreed to the standard, as did other prescribers in the HCWC region. Providence continues to be an active participant in the work around increasing access to human breast milk through its partnership with NW Mother's Milk Bank, engagement in work place policy discussions, and engaging with CCOs and other payers regarding provision of breast pumps. PSVMC participated in several other community-based activities, including collaborative efforts with other hospitals and Project Access NOW around healthcare outreach and enrollment and ensuring engagement of local volunteer providers to provide necessary care for the remaining un- and underinsured. Providence supported Neighborhood Health Center, a local FQHC, to open a new clinic in Washington County, expanding access to primary care, mental health services, and oral health care in the community. PSVMC also supported the local chapter of St. Vincent de Paul to provide fresh produce and milk at the food pantry throughout the year, helping to address the basic needs of individuals and families in Tigard. PSVMC also provided support to Washington County Community Action, Transition Projects, and Compassion First. Providence supported 211-Info, Familias en Accion, and Ride Connection across the Portland Metropolitan area to provide training to providers and community members regarding available resources and culturally competent care. Additionally, Providence engaged with Multnomah County Health Department to support the Tri-County 911 program for the remaining uninsured. The CCOs in the area are funding this resource for the Medicaid population, and Providence's financial support is allowing them to provide the service to the remaining uninsured. This program provides target case management and outreach for individuals with multiple calls to EMS or other emergency services for mental health or substance use related issues. Providence has continued its partnership with Medical Teams International to provide mobile dental services for community members who are un- or under-insured. Providence directly provided diabetes education classes, staff time at community events, support groups, caregiver support and training programs, patient support for safe and secure discharge for the first thirty days in partnership with Project Access NOW, and sports physicals for students who could otherwise not afford them. Providence also provides placement and supervision for Residency programs, nursing programs, physical therapy, and community paramedic training. Additionally, Providence continued its commitment to the Parish Health Promoter program (Promotores), which provides culturally competent training and care for Spanish-speaking members of the community through outreach and education. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 5	The collaborative CHNA process included feedback and input from many community members and others with special knowledge of or expertise in public health. These efforts included direct collaboration with 4 county public health departments, as well as engaging individuals with specific content expertise. A complete list of those engaged in the process can be seen in the Appendix of the collaborative report, available at the following URL: https://multco.us/healthy-columbia-willamette-collaborative/reports

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 6a	Providence participated as a member of the Healthy Columbia Willamette Collaborative, encompassing Clackamas, Multnomah, and Washington counties in Oregon as well as Clark County, Washington. Other hospital partners included the 3 other Providence hospitals in the 4-county region, as well as Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Hospital, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Oregon Health & Science University, PeaceHealth Southwest Medical Center, and Tuality Healthcare/Tuality Community Hospital.

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

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 6b	Other participating organizations in HCWC include Clark County Public Health Department, Clackamas County Health Division, Multnomah County Health Department, and Washington County Public Health Division, along with the two Coordinated Care Organizations serving the area FamilyCare and Health Share of Oregon

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

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

Form and Line Reference	Explanation
Group A - Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 11	PMH is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Partners and members of the Health Columbia Willamette Collaborative recognized access to affordable health care, chronic disease (related to physical activity and healthy eating), mental health, and substance abuse as the significant needs identified. All partners of the collaborative are working on these issues in different ways, with some efforts coordinated across partners. The collaborative as a whole committed to two specific collaborative health improvement efforts: developing a community prescribing standard for opiates and increasing access to human breast milk. Providence was a leading partner in the development of an opiate prescribing standard across the four-county region, engaging the Persistent Pain program and focusing on provider education. All HCWC partners agreed to the standard, as did other prescribers in the HCWC region. Providence continues to be an active participant in the work around increasing access to human breast milk through its partnership with NW Mother's Milk Bank, engagement in workplace policy discussions, and engaging with CCOs and other payers regarding provision of breast pumps. PMH participated in several other community-based activities, including collaborative efforts with other hospitals and Project Access NOW around healthcare outreach and enrollment and ensuring engagement of local volunteer providers to provide necessary care for the remaining uninsured and underinsured. Neighborhood Health Center co-located the Joseph Bernard Dental Clinic on campus, which has enhanced access to oral health services. PMH also opened a community teaching kitchen and food pharmacy for individuals diagnosed with food-related chronic conditions who may not have access to healthy, affordable food. PMH provided funding for the North Clackamas Education Foundation to continue oral health screenings and application of fluoride varnish in school-based settings, and partnered with Mental Health America of Oregon to provide a pilot peer support specialist and doula to women who are pregnant and addicted or in recovery. Providence also provided support to Clackamas County Health Department to support their mental health and media campaign, with the goal of reducing stigma related to mental health issues and increasing awareness of support and available resources. Providence supported 211-Info, Familias en Accion, and Ride Connection across the Portland Metropolitan area to provide training to providers and community members regarding available resources and culturally competent care. Additionally, Providence engaged with Multnomah County Health Department to support the Tri-County 911 program for the remaining uninsured. The CCOs in the area are funding this resource for the Medicaid population, and Providence's financial support is allowing them to provide the service to the remaining uninsured. This program provides target case management and outreach for individuals with multiple calls to EMS or other emergency services for mental health or substance use related issues. Providence has continued its partnership with Medical Teams International to provide mobile dental services for community members who are uninsured or under-insured. Providence directly provided diabetes education classes, staff time at community events, support groups, caregiver support and training programs, patient support for safe and secure discharge for the first thirty days in partnership with Project Access NOW, and sports physicals for students who could otherwise not afford them. Providence also provides placement and supervision for Residency programs, nursing programs, physical therapy, and community paramedic training. Additionally, Providence continued its commitment to the Parish Health Promoter program (Promotores), which provides culturally competent training and care for Spanish-speaking members of the community through outreach and education. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged

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

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 11	partner with other community led collaborative efforts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 6a	The Columbia Gorge Health Council produced a Regional Health Needs Assessment Providence was an active participant in that process, as well as producing a stand-alone document specific to the PHRMH service area The collaborative assessment included hospital partners Mid-Columbia Medical Center, Klickitat Valley Health, and Skyline Hospital

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

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

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 6b	The Columbia Gorge Health Council produced a Regional Health Needs Assessment Providence was an active participant in that process, as well as producing a stand-alone document specific to the PHRMH service area The collaborative assessment included Columbia Gorge Health Council, Hood River County Health Department, Klickitat Valley Health, Klickitat Valley Health Department, Mid-Columbia Center for Living, North Central Public Health District, One Community Health, PacificSource Community Solutions

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

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 11	PHRMH is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs in Hood River are available online with the CHNA at http://oregon.providence.org/about-us/. Some specific examples of activities taken in 2015 include funding a community-based Collective Impact Health Specialist, who has been funded through Providence to serve as a grant-writer for the community at-large for projects that address needs identified in the Regional Health Needs Assessment. This individual helped secure over \$1.5M of grants in the Gorge Region, related directly to the regional health assessment. Providence remains an active participant in enrollment assistance for health insurance, providing access to care regardless of ability to pay, increasing care for patients and community members experiencing disabilities or chronic conditions through the Volunteers in Action program, palliative care programs and outreach to the Latino community, implementing a rural health residency program to increase provider education and access to care in rural areas, diabetes education programs, medication assistance programs, implementing a Persistent Pain program to prevent opiate misuse, and continues to be an active partner with the CCO, DCO, and mental health providers in the region. Additionally, Providence has engaged with several community organizations to address the needs identified in the PHRMH assessment as well as those called out in the Regional Health Assessment. Examples of these programs include sponsoring a van for the Jesuit Volunteers, based at the St. Francis House of O'dell, and providing services to several other social service partners in the area. Providence has been a major supporter of Gorge Grown Food Network and their work related to Veggie Rx programs, evaluation of these programs, and the Gorge Food Coalition to support food sovereignty amongst the population. Investment in these projects benefitted over 2,000 households in 2015. Providence also supported the local federally-qualified health center, One Community Health, to open a school-based health center and increase access to care across the community. Other programs include Spanish-language health promotion programs, Zumba classes, small business programs to stimulate economic growth and living-wage jobs in the region, support of the local county Health Department for school-based health services, providing an athletic trainer in-kind to local schools, and continued support for the Next Door, Inc. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 5	The collaborative CHNA process included feedback and input from many community members and others with special knowledge of or expertise in public health. These efforts included direct collaboration with 4 county public health departments, as well as engaging individuals with specific content expertise. A complete list of those engaged in the process can be seen in the Appendix of the collaborative report, available at the following URL: https://multco.us/healthy-columbia-willamette-collaborative/reports

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

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

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

Form and Line Reference	Explanation
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 6a	Providence participated as a member of the Healthy Columbia Willamette Collaborative, encompassing Clackamas, Multnomah, and Washington counties in Oregon as well as Clark County, Washington. Other hospital partners included the 3 other Providence hospitals in the 4-county region, as well as Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Hospital, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Oregon Health & Science University, PeaceHealth Southwest Medical Center, and Tuality Healthcare/Tuality Community Hospital.

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

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

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

Form and Line Reference	Explanation
Group A - Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 6b	Other participating organizations in HCWC include Clark County Public Health Department, Clackamas County Health Division, Multnomah County Health Department, and Washington County Public Health Division, along with the two Coordinated Care Organizations serving the area FamilyCare and Health Share of Oregon

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

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

Form and Line Reference	Explanation
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 11	PWFMC is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Partners and members of the Healthy Columbia Willamette Collaborative recognized access to affordable health care, chronic disease (related to physical activity and healthy eating), mental health, and substance abuse as the significant needs identified. All partners of the collaborative are working on these issues in different ways, with some efforts coordinated across partners. The collaborative as a whole committed to two specific collaborative health improvement efforts: developing a community prescribing standard for opiates and increasing access to human breast milk. Providence was a leading partner in the development of an opiate prescribing standard across the four-county region, engaging the Persistent Pain program and focusing on provider education. All HCWC partners agreed to the standard, as did other prescribers in the HCWC region. Providence continues to be an active participant in the work around increasing access to human breast milk through its partnership with NW Mother's Milk Bank, engagement in work place policy discussions, and engaging with CCOs and other payers regarding provision of breast pumps. PWFMC participated in several other community-based activities, including collaborative efforts with other hospitals and Project Access NOW around healthcare outreach and enrollment and ensuring engagement of local volunteer providers to provide necessary care for the remaining un- and underinsured. Providence supported The Canby Center to provide mobile dental service to its clients and improve access to oral health services, as well as supporting the Backpack Buddies program to ensure nutritious snacks and meals were provided by low-income students and youth participating in programs at the center. PWFMC also engaged with the Oregon City Schools Foundation to support the Pioneer Pantry and provided reduced-cost space for Morrison Family Services, enhancing community access to mental health services. Providence supported 211-Info, Familias en Accion, and Ride Connection across the Portland Metropolitan area to provide training to providers and community members regarding available resources and culturally competent care. Additionally, Providence engaged with Multnomah County Health Department to support the Tri-County 911 program for the remaining uninsured. The CCOs in the area are funding this resource for the Medicaid population, and Providence's financial support is allowing them to provide the service to the remaining uninsured. This program provides target case management and outreach for individuals with multiple calls to EMS or other emergency services for mental health or substance use related issues. Providence has continued its partnership with Medical Teams International to provide mobile dental services for community members who are un- or under-insured. Providence directly provided diabetes education classes, staff time at community events, support groups, caregiver support and training programs, patient support for safe and secure discharge for the first thirty days in partnership with Project Access NOW, and sports physicals for students who could otherwise not afford them. Providence also provides placement and supervision for Residency programs, nursing programs, physical therapy, and community paramedic training. Additionally, Providence continued its commitment to the Parish Health Promoter program (Promotores), which provides culturally competent training and care for Spanish-speaking members of the community through outreach and education. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group B

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

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

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

Form and Line Reference	Explanation
Facility Reporting Group B consists of	- Facility 5 Providence Seaside Hospital, - Facility 6 Providence Newberg Medical Center, - Facility 7 Providence Medford Medical Center

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

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

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

Form and Line Reference	Explanation
Group B-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 5	Conducted key stakeholder interviews as well as community listening sessions Participants in the listening sessions attended anonymously, though a complete list of stakeholders interviewed (as well as the guide used) is available in the appendix of the CHNA document Interviewees included Don Larson, Mayor of SeasideMark Winstanley, Seaside City ManagerGeorge Sabol, ED Clatsop Community ActionJim Coffee, CEO Coastal Health CenterSumeur Watkins, ED Clatsop Behavioral HealthJorge Gutierrez, Program Manager Lower Columbia Hispanic CouncilBrian Mahoney, Director Clatsop County Public HealthNicole Williams, CEO Clatsop Care Center Health DistrictMandy Branchly, Administrator Clatsop Care CenterJay Flint, ED Sunset Empire Transportation DistrictGina Kyter, School Nurse Seaside School DistrictSteve Phillips, Board Member, Seaside School DistrictCarol Gallagher, ED Neawanna by the Sea Retirement CommunityDenise Hayes, Community Relations Director, Neawanna by the SeaPaul Tesi, Jail Commander Clatsop County SheriffFr Nick Nilema, Our Lady of Victory ChurchMelissa Johnstone, NW Senior and Disability ServicesDebra Birkby, Clatsop County CommissionerAyle Rhea, Executive Director, Suzanne EliseDominique Greco, Physician, PMGDoug Wood, Union Health DistrictMark Terranova, Restoration House

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

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

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

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

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

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

Form and Line Reference	Explanation
Group B-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 11	PSH is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Some specific examples of activities taken in 2015 include continued community-based planning to expand access to oral health services in partnership with the school-based health center. Additionally, PSH provided support to the Clatsop Community College Foundation to continue local nursing education programs. Providence provides funding for Medical Teams International dental van to serve Clatsop County. PSH executives were extensively engaged with Columbia Pacific CCO and continued support and partnership for the Caring for Clatsop Respite Center. Partnerships were deepened with Clatsop Community Action and Helping Hands Re-Entry, addressing food security through the Regional Food Bank as well as rent and utility assistance, temporary housing, addiction recovery programs, insurance enrollment, and job support as appropriate. These programs provided 340 unique individuals emergency shelter, as well as nearly 14,000 emergency food boxes (serving over 40,000 people, including 2,150 children). Additionally, Providence partnered with the Way to Wellville (c/o Connect the Dots) to support 4 specific initiatives of the nationally-funded program: Rx to Play, Children's Health and Screening Clinic, Trauma-Informed Care, and Substance Use prevention campaigns. These programs will be provided to the community through 2016, with program reach and outcomes available at that point. Furthermore, Providence continues its commitment to keeping health professional education local and increasing access of the Clatsop County community through supporting nursing and other medical training programs at Clatsop Community College. Providence directly provided diabetes education classes, staff time at community events, support groups, asthma and COPD education, volunteer programs through Community Connections, an early childhood clinic, caregiver support and training programs, medication assistance, patient support for safe and secure discharge for the first thirty days, and providing sports physicals for students who could otherwise not afford them. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group B-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 5	Conducted key stakeholder interviews as well as community listening sessions Participants in the listening sessions attended anonymously, though a complete list of stakeholders interviewed (as well as the guide used) is available in the appendix of the CHNA document Interviewees included Scott Parrish, CEO, A-DecTed Crawford, Mayor, City of Dundee Bob Andrews, Mayor, City of NewbergPaula Terp, Mayor, City of YamhillRobin Baker, President, George Fox UniversityKathy Watson, Manager, Faith in ActionPolly Siler, Manager, Love In the Name of Christ (Love, INC)Kym Leblanc-Esparza, Superintendent, and Claudia Stewart, Newberg Public Schools Les Hallman, Fire Chief and Frank Douglas, EMS Division Chief, Newberg Fire DepartmentFr Don Gutmann, St Peter Catholic ChurchSilas Halloran-Steiner, Director of Health and Human Services, Yamhill County HHS

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

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

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

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

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

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

Form and Line Reference	Explanation
Group B-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 11	PNMC is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Some specific examples of activities taken in 2015 include the launch of a Parish Health Promoters (Promotores) program, providing culturally competent training and outreach to the Spanish-speaking population. Over 35 individuals were trained as Community Health Workers, and organized chronic conditions management courses, activity programs, and health fairs in partnership with Providence's telehealth program to increase access to preventive and primary care to the Spanish speaking population in Yamhill County. Providence directly partnered with Love, INC to provide dental services to low-income and uninsured individuals in the community, which was also a training opportunity for students at Pacific University and Chemeketa Community College. Providence Newberg supported Newberg FISH Emergency Services through participation in the food drive as well as a financial contribution to ensure access to protein-rich food stuffs in the pantry. Other community partnerships included support to Yamhill County Homeless Connect and providing athletic training services for a local high school. In addition, Providence partnered with Catholic Community Services NW for the development of the Rainbow Lodge Crisis Respite Center in collaboration with Yamhill County Public Health and Yamhill Community Care Organization. Providence also supported Lutheran Community Services NW to expand A Family Place, the local relief nursery providing respite and care for high-risk families and their children. PNMC provides externship and supervision for rehabilitation and nursing students, and Providence leadership continues to be extensively engaged on the board of the Yamhill Community Care Organization. Providence directly provided diabetes education classes, staff time at community events, support groups, volunteer programs through Community Connections, caregiver support and training programs, medication assistance, patient support for safe and secure discharge for the first thirty days in partnership with Project Access NOW, and providing sports physicals for students who could otherwise not afford them. Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group B-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 5	Conducted key stakeholder interviews as well as community listening sessions. Participants in the listening sessions attended anonymously, though a complete list of stakeholders interviewed (as well as the guide used) is available in the appendix of the CHNA document. Interviewees included: Phil Long, Superintendent, Medford School District 549c; Teresa Sayre, Superintendent, Phoenix-Talent School District; Michelle Wilson, Development Director, Children's Advocacy Ctr. of Jackson Co.; Tom Cole, Executive Director, Kids Unlimited; Traci Fossen, Clinical Director, Kids Health Connection; Tim George, Chief of Police, Medford; Hank Williams, Mayor, Central Point; Gordon Sletmoe, Acting Chief, Medford Fire Department; Rita Sullivan, Executive Director, On-Track; Jackie Schad, Executive Director, ACCESS; DeeAnn Everson, Executive Director, United Way; Tiffanie Lambert, Director Special Services, Eagle Point School District; Dan Peterson, Chief, Jackson County Fire Department; Ida Saito, Chief Operating Officer, LaClinica; John Stromberg, Mayor, Ashland; Ed Smith-Burns, Deputy Director, Addictions Recovery Center; Mark Orndoff, Director, Jackson County Health & Human Services; Jackson Baures, Division Manager, Jackson County Public Health; Stacy Brubaker, Division Manager, Jackson County Mental Health; Peg Crowley, Executive Director, Community Health Center; Brenda Johnson, Executive Director, LaClinica; Monty Holloway, Administrative Captain, Jackson County Sheriff's Office; Susan Fisher, Jackson County Commission on Children and Families.

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

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

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

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

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

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

Form and Line Reference	Explanation
Group B-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 11	PMMC is working both internally and with community partners to address the significant needs identified. The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon: Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health. These categories include basic needs, such as food security, stable housing, and transportation. The key strategies for addressing these health needs are available online with the CHNA at http://oregon.providence.org/about-us/. Some specific examples of activities taken in 2015 include continued partnership with St. Vincent de Paul to provide mobile dental programs, support for the food pantry (985 food bags, assisting 656 households), and provide funding for the Urban Rest Stop project. Additionally, Providence partnered with Rogue Community Health to expand the bilingual community health worker program, which provided 94 home visits and 163 office visits, as well as 450 individuals assisted with insurance enrollment, and 300 individuals with other basic needs (food, housing, transportation). Providence also partnered with Ashland Family YMCA to provide arthritis prevention and activity classes free of charge to community members, as well as supported ACCESS's community garden to increase access to healthy, affordable food options for low-income families. Providence executives were extensively engaged with the local CCO boards in order to continue ensuring care for those eligible for Medicaid. Providence directly provided free and low-cost support groups and cancer screenings, community education around physical and occupational therapy, ensuring emergency department physicians were available when needed, subsidized expenses of guest housing for family members, provided athletic trainers and free sports physicals for students who would not otherwise be able to afford them, participated and funded the Jefferson Health Information Exchange, support for and engagement in the Jefferson Regional Health Alliance, support for Court Appointed Special Advocates and the Compass House, support for the United Way, and provided health professionals training (physical and occupational therapy, nursing, and lab tech, amongst others). Providence continues its commitment to provide care for all, regardless of ability to pay and continues to provide enrollment assistance for individuals who are not yet insured but wish to be, as well as providing medication assistance and other basic support to allow for safe and secure discharge for the first thirty days. There was an extensive list of needs and issues identified through this assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and PH&S-OR will be an engaged partner with other community led collaborative efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 7a	communitybenefit providence org/community-health-needs-assessments/

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 1 - Diabetes Learning Center 1698 E McAndrews Medford,OR 97504	Education
1 2 - Providence Center for Health Care Ethics 9445 SW Barnes Road Portland,OR 97225	Education
2 3 - Providence Diabetes and Health Education 9340 SW Barnes Road Ste 200 Portland,OR 97225	Education
3 4 - Providence Hood River Health Services bu 1151 May St Hood River,OR 97031	Education
4 5 - Providence Seaside-Diabetes Education 725 S Wahanna Road Seaside,OR 97138	Education
5 6 - Eastern Oregon Correctional Institution 2500 Westgate Pendleton,OR 97801	Express care
6 7 - Labor and Industries Building 350 Winter St NE Salem,OR 97309	Express care
7 8 - Providence Express Care at Walgreens Fis 1905 SE 164th Ave Vancouver,WA 98683	Express care
8 9 - Providence Express Care at Walgreens Gli 17979 NE Glisan St Gresham,OR 97230	Express care
9 10 - Providence Express Care at Walgreens Hap 11995 SE Sunnyside Road Happy Valley,OR 97015	Express care
10 11 - Providence Express Care at Walgreens Hil 955 SE Baseline St Hillsboro,OR 97124	Express care
11 12 - Providence Express Care at Walgreens Mil 14617 SE McLoughlin Blvd Portland,OR 97267	Express care
12 13 - Providence Express Care at Walgreens Mur 14600 SW Murray Scholls Dr Beaverton,OR 97007	Express care
13 14 - Providence Express Care at Walgreens Pow 4285 W Powell Blvd Gresham,OR 97030	Express care
14 15 - Providence Express Care at Walgreens Ral 7280 SW Beaverton Hillsdale Hwy Portland,OR 97225	Express care

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
16 16 - Providence Express Care at Walgreens Sal 2100 NE 139th St Vancouver, WA 98686	Express care
1 17 - Providence Express Care Kiosk Medford 1698 E McAndrews Medford, OR 97504	Express care
2 18 - Providence Express Care North Lombard 5300 N Lombard St Ste 102 Portland, OR 97203	Express care
3 19 - Providence Express Care Pearl District 1025 NW 14th Ave Portland, OR 97209	Express care
4 20 - Providence Express Care-Interstate 4340 N Interstate Ave Portland, OR 97217	Express care
5 21 - Providence Express Care-Kruse Way 4823 Meadows Road Ste 127 Lake Oswego, OR 97035	Express care
6 22 - Two Rivers Correctional Institution 82911 Beach Access Road Umatilla, OR 97882	Express care
7 23 - Oregon Advanced Imaging at Navigator's L 881 O Hare Parkway Medford, OR 97504	Imaging Center
8 24 - Providence Portland Diagnostic Imaging 10538 SE Washington St Portland, OR 97216	Imaging Center
9 25 - Providence Laboratory - North Bank Patie 700 Bellevue Street SE Ste 140 Salem, OR 97301	Lab
10 26 - Providence Laboratory and Radiology 940 Royal Ave Medford, OR 97504	Lab
11 27 - Providence Laboratory at Providence Beth 15640 NW Laidlaw Road Portland, OR 97229	Lab
12 28 - Providence Laboratory at Providence Brid 18040 SW Lower Boones Ferry Road Tigard, OR 97224	Lab
13 29 - Providence Laboratory at Providence Cama 3101 SE 192nd Ave Vancouver, WA 98663	Lab
14 30 - Providence Laboratory at Providence Clac 9290 SE Sunnybrook Blvd Clackamas, OR 97015	Lab

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
31 31 - Providence Laboratory at Providence Gate 1321 NE 99th Ave Portland,OR 97220	Lab
1 32 - Providence Laboratory at Providence Happ 16180 SE Sunnyside Road Happy Valley,OR 97015	Lab
2 33 - Providence Laboratory at Providence Hood 1304 Montello Ave Hood River,OR 97031	Lab
3 34 - Providence Laboratory at Providence Hood 810 12th St Hood River,OR 97031	Lab
4 35 - Providence Laboratory at Providence Medf 1111 Crater Lake Ave Medford,OR 97504	Lab
5 36 - Providence Laboratory at Providence Medi 870 S Front St Central Point,OR 97502	Lab
6 37 - Providence Laboratory at Providence Medi 4015 Mercantile Drive Lake Oswego,OR 97035	Lab
7 38 - Providence Laboratory at Providence Medi 315 SE Stone Mill Drive Vancouver,WA 98684	Lab
8 39 - Providence Laboratory at Providence Medi 16770 SW Edy Road Sherwood,OR 97140	Lab
9 40 - Providence Laboratory at Providence Merc 4035 SW Mercantile Drive Ste 101 Lake Oswego,OR 97035	Lab
10 41 - Providence Laboratory at Providence Milw 10330 SE 32nd Ave Milwaukie,OR 97222	Lab
11 42 - Providence Laboratory at Providence Milw 10150 SE 32nd Ave Milwaukie,OR 97222	Lab
12 43 - Providence Laboratory at Providence Newb 1001 Providence Drive Newberg,OR 97132	Lab
13 44 - Providence Laboratory at Providence Pati 1021 June St Hood River,OR 97031	Lab
14 45 - Providence Laboratory at Providence Prof 5050 NE Hoyt St Portland,OR 97213	Lab

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
46 46 - Providence Laboratory at Providence Scho 12442 SW Scholls Ferry Road Tigard,OR 97223	Lab
1 47 - Providence Laboratory at Providence Seas 725 S Wahanna Road Seaside,OR 97138	Lab
2 48 - Providence Laboratory at Providence St 9205 SW Barnes Road Portland,OR 97225	Lab
3 49 - Providence Laboratory at Providence Suns 417 SW 117th Ave Portland,OR 97225	Lab
4 50 - Providence Laboratory at Providence Tana 18610 NW Cornell Road Hillsboro,OR 97124	Lab
5 51 - Providence Laboratory at Providence Will 200 S Hazel Dell Way Canby,OR 97013	Lab
6 52 - Providence Laboratory at Providence Will 1500 Division St Oregon City,OR 97045	Lab
7 53 - Providence Laboratory at Providence Will 1508 Division St Oregon City,OR 97045	Lab
8 54 - Providence Laboratory at The Oregon Clin 1111 NE 99th Ave Portland,OR 97220	Lab
9 55 - Providence Laboratory-Health Services Bu 1108 June Street Hood River,OR 97031	Lab
10 56 - Providence Marion County Lab 431 Lancaster Drive NE Salem,OR 97301	Lab
11 57 - Providence Center for Occupational Medic 1390 Biddle Road Ste 101 Medford,OR 97504	Occupational Medicine
12 58 - Providence Hood River Memorial Hospital 917 11th St Ste 200 Hood River,OR 97031	Occupational Medicine
13 59 - Providence Occupational Health Clackama 9290 SE Sunnybrook Blvd Clackamas,OR 97015	Occupational Medicine
14 60 - Providence Occupational Health Northwes 1750 NW Naito Parkway Portland,OR 97209	Occupational Medicine

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
61 61 - Providence Occupational Health Tanasbou 18610 NW Cornell Road Hillsboro,OR 97124	Occupational Medicine
1 62 - Providence Occupational Medicine-Mill Pl 315 SE Stone Mill Drive Vancouver,WA 98684	Occupational Medicine
2 63 - Providence Long-Term Care Pharmacy 6410 NE Halsey St Portland,OR 97213	Pharmacy
3 64 - Providence Seaside Pharmacy 725 S Wahanna Road Seaside,OR 97138	Pharmacy
4 65 - Providence Medical Group Lloyd 839 NE Holladay St Portland,OR 97232	Primary Care Clinic
5 66 - Providence Medical Group-Battle Ground F 101 NW 12th Ave Battle Ground,WA 98604	Primary Care Clinic
6 67 - Providence Medical Group-Battle Ground I 101 NW 12th Ave Battle Ground,WA 98604	Primary Care Clinic
7 68 - Providence Medical Group-Bethany 15640 NW Laidlaw Road Portland,OR 97229	Primary Care Clinic
8 69 - Providence Medical Group-Bridgeport Derm 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Primary Care Clinic
9 70 - Providence Medical Group-Bridgeport Fami 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Primary Care Clinic
10 71 - Providence Medical Group-Bridgeport Imme 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Primary Care Clinic
11 72 - Providence Medical Group-Camas 3101 SE 192nd Ave Vancouver,WA 98683	Primary Care Clinic
12 73 - Providence Medical Group-Canby 200 S Hazel Dell Way Canby,OR 97013	Primary Care Clinic
13 74 - Providence Medical Group-Canby Immediate 200 S Hazel Dell Way Canby,OR 97013	Primary Care Clinic
14 75 - Providence Medical Group-Cannon Beach - 171 N Larch Ste 16 Cannon Beach,OR 97138	Primary Care Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
76 76 - Providence Medical Group-Cascade 5050 NE Hoyt St Portland,OR 97213	Primary Care Clinic
1 77 - Providence Medical Group-Central Point 870 S Front St Central Point,OR 97502	Primary Care Clinic
2 78 - Providence Medical Group-Doctors Clinic 1698 E McAndrews Medford,OR 97504	Primary Care Clinic
3 79 - Providence Medical Group-Eagle Point 1332 Shasta Ave Suite A Eagle Point,OR 97524	Primary Care Clinic
4 80 - Providence Medical Group-Eagle Point Ped 10830 Old Highway 62 Eagle Point,OR 97524	Primary Care Clinic
5 81 - Providence Medical Group-Esther Short 700 Washington St Ste 105 Vancouver,WA 98660	Primary Care Clinic
6 82 - Providence Medical Group-Gateway Family 1321 NE 99th Ave Portland,OR 97220	Primary Care Clinic
7 83 - Providence Medical Group-Gateway Immedia 1321 NE 99th Ave Portland,OR 97220	Primary Care Clinic
8 84 - Providence Medical Group-Gateway Interna 1321 NE 99th Ave Portland,OR 97220	Primary Care Clinic
9 85 - Providence Medical Group-Glisan 5330 NE Glisan St Portland,OR 97213	Primary Care Clinic
10 86 - Providence Medical Group-Gresham 440 NW Division Street Gresham,OR 97030	Primary Care Clinic
11 87 - Providence Medical Group-Happy Valley 16180 SE Sunnyside Road Happy Valley,OR 97015	Primary Care Clinic
12 88 - Providence Medical Group-Happy Valley Im 16180 SE Sunnyside Road Happy Valley,OR 97015	Primary Care Clinic
13 89 - Providence Medical Group-Hillsboro 265 SE Oak St Hillsboro,OR 97123	Primary Care Clinic
14 90 - Providence Medical Group-Medford Family 1698 E McAndrews Medford,OR 97504	Primary Care Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
91 91 - Providence Medical Group-Medford Medical 965 Ellendale Dr Medford,OR 97504	Primary Care Clinic
1 92 - Providence Medical Group-Medford Pediatr 840 Royal Ave Medford,OR 97504	Primary Care Clinic
2 93 - Providence Medical Group-Mercantile 4015 Mercantile Drive Lake Oswego,OR 97035	Primary Care Clinic
3 94 - Providence Medical Group-Mill Plain 315 SE Stone Mill Drive Vancouver,WA 98684	Primary Care Clinic
4 95 - Providence Medical Group-Milwaukie 10330 SE 32nd Ave Milwaukie,OR 97222	Primary Care Clinic
5 96 - Providence Medical Group-Molalla 110 Center Ave Molalla,OR 97038	Primary Care Clinic
6 97 - Providence Medical Group-North Portland 4920 N Interstate Ave Portland,OR 97217	Primary Care Clinic
7 98 - Providence Medical Group-Northeast 5050 NE Hoyt St Portland,OR 97213	Primary Care Clinic
8 99 - Providence Medical Group-Oregon City 1510 Division St Oregon City,OR 97045	Primary Care Clinic
9 100 - Providence Medical Group-Oregon City Gen 1510 Division St Oregon City,OR 97045	Primary Care Clinic
10 101 - Providence Medical Group-Orenco 5555 NE Elam Young Parkway Hillsboro,OR 97124	Primary Care Clinic
11 102 - Providence Medical Group-Phoenix Family 205 Fern Valley Road Phoenix,OR 97535	Primary Care Clinic
12 103 - Providence Medical Group-Scholls Family 12442 SW Scholls Ferry Road Tigard,OR 97223	Primary Care Clinic
13 104 - Providence Medical Group-Scholls Immedia 12442 SW Scholls Ferry Road Tigard,OR 97223	Primary Care Clinic
14 105 - Providence Medical Group-Scholls Interna 12442 SW Scholls Ferry Road Tigard,OR 97223	Primary Care Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
106 106 - Providence Medical Group-Seaside 725 S Wahanna Road Seaside,OR 97138	Primary Care Clinic
1 107 - Providence Medical Group-Sherwood Immedi 16770 SW Edy Road Sherwood,OR 97140	Primary Care Clinic
2 108 - Providence Medical Group-Southeast 4104 SE 82nd Ave Suite 250 Portland,OR 97266	Primary Care Clinic
3 109 - Providence Medical Group-Southwest Pedia 9427 SW Barnes Road Portland,OR 97225	Primary Care Clinic
4 110 - Providence Medical Group-St Vincent 9205 SW Barnes Road Portland,OR 97225	Primary Care Clinic
5 111 - Providence Medical Group-Sunnyside 9290 SE Sunnybrook Blvd Clackamas,OR 97015	Primary Care Clinic
6 112 - Providence Medical Group-Sunset Internal 417 SW 117th Ave Portland,OR 97225	Primary Care Clinic
7 113 - Providence Medical Group-Tanasbourne 18610 NW Cornell Road Hillsboro,OR 97124	Primary Care Clinic
8 114 - Providence Medical Group-Tanasbourne Imm 18610 NW Cornell Road Hillsboro,OR 97124	Primary Care Clinic
9 115 - Providence Medical Group-The Plaza 5050 NE Hoyt St Portland,OR 97213	Primary Care Clinic
10 116 - Providence Medical Group-Warrenton 171 S Hwy 101 Warrenton,OR 97146	Primary Care Clinic
11 117 - Providence Medical Group-West Linn 1899 Blankenship Road West Linn,OR 97068	Primary Care Clinic
12 118 - Providence Medical Group-Wilsonville 29345 SW Town Center Loop East Wilsonville,OR 97070	Primary Care Clinic
13 119 - Providence Bethany Rehab 15640 NW Laidlaw Road Portland,OR 97229	Rehab & Physical Therapy
14 120 - Providence Bridgeport Rehab and Sports T 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Rehab & Physical Therapy

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
121 121 - Providence Camas Rehab and Sports Therap 3101 SE 192nd Ave Vancouver, WA 98683	Rehab & Physical Therapy
1 122 - Providence Canby Rehab and Sports Therap 200 S Hazel Dell Way Canby, OR 97013	Rehab & Physical Therapy
2 123 - Providence Cardiac Rehabilitation Center 9205 SW Barnes Road Portland, OR 97225	Rehab & Physical Therapy
3 124 - Providence Central Point Physical Therap 870 S Front St Central Point, OR 97502	Rehab & Physical Therapy
4 125 - Providence Children's Development Instit 830 NE 47th Ave Portland, OR 97213	Rehab & Physical Therapy
5 126 - Providence Children's Development Instit 270 NW Burnside St Gresham, OR 97030	Rehab & Physical Therapy
6 127 - Providence Children's Development Instit 310 Villa Road Newberg, OR 97132	Rehab & Physical Therapy
7 128 - Providence Children's Development Instit 9155 SW Barnes Road Portland, OR 97225	Rehab & Physical Therapy
8 129 - Providence Clackamas Rehab 9290 SE Sunnybrook Blvd Clackamas, OR 97015	Rehab & Physical Therapy
9 130 - Providence Downtown Rehab 1305 SW First Ave Portland, OR 97201	Rehab & Physical Therapy
10 131 - Providence Eagle Point Physical Therapy 155 Alta Vista Road Eagle Point, OR 97524	Rehab & Physical Therapy
11 132 - Providence Gateway Rehab 1111 NE 99th Ave Portland, OR 97220	Rehab & Physical Therapy
12 133 - Providence Gorge Spine and Sports Medici 731 Pomona Street The Dalles, OR 97058	Rehab & Physical Therapy
13 134 - Providence Gorge Spine and Sports Medici 1627 Woods Court Hood River, OR 97031	Rehab & Physical Therapy
14 135 - Providence Gresham Rehab and Sports Ther 270 NW Burnside St Gresham, OR 97030	Rehab & Physical Therapy

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
136 136 - Providence Happy Valley Rehab and Sports 16180 SE Sunnyside Road Happy Valley, OR 97086	Rehab & Physical Therapy
1 137 - Providence Macadam Aquatic Center 5757 SW Macadam Ave Portland, OR 97213	Rehab & Physical Therapy
2 138 - Providence Medford Medical Center Outpat 1111 Crater Lake Ave Medford, OR 97504	Rehab & Physical Therapy
3 139 - Providence Medical Group-Physiatry Sout 827 Spring St Medford, OR 97504	Rehab & Physical Therapy
4 140 - Providence Medical Group-Sports Care 909 SW 18th Ave Portland, OR 97205	Rehab & Physical Therapy
5 141 - Providence Milwaukie Healing Place Rehab 10330 SE 32nd Ave Milwaukie, OR 97222	Rehab & Physical Therapy
6 142 - Providence Newberg Physical Therapy and 500 Villa Road Newberg, OR 97132	Rehab & Physical Therapy
7 143 - Providence Newberg Rehab and Pediatric S 310 Villa Road Newberg, OR 97132	Rehab & Physical Therapy
8 144 - Providence Northeast Rehabilitation 507 NE 47th Ave Portland, OR 97213	Rehab & Physical Therapy
9 145 - Providence Orenco Rehabilitation Service 5555 NE Elam Young Parkway Hillsboro, OR 97124	Rehab & Physical Therapy
10 146 - Providence Orthopedic Therapy Southern 1111 Crater Lake Ave Medford, OR 97504	Rehab & Physical Therapy
11 147 - Providence Physiatry Clinic 507 NE 47th Ave Portland, OR 97213	Rehab & Physical Therapy
12 148 - Providence Physiatry Clinic -West 9135 SW Barnes Road Portland, OR 97225	Rehab & Physical Therapy
13 149 - Providence Rehabilitation and Home Servi 3621 N Highway 101 Gearhart, OR 97138	Rehab & Physical Therapy
14 150 - Providence Rehabilitation Services 3621 N Highway 101 Gearhart, OR 97138	Rehab & Physical Therapy

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
151 151 - Providence Rehabilitation Services 500 Villa Road Newberg, OR 97132	Rehab & Physical Therapy
1 152 - Providence Scholls Rehab 12442 SW Scholls Ferry Road Tigard, OR 97223	Rehab & Physical Therapy
2 153 - Providence Sherwood Rehab and Sports The 16770 SW Edy Road Sherwood, OR 97140	Rehab & Physical Therapy
3 154 - Providence Sports Care Center 909 SW 18th Ave Portland, OR 97205	Rehab & Physical Therapy
4 155 - Providence St Vincent Rehab 9135 SW Barnes Road Portland, OR 97225	Rehab & Physical Therapy
5 156 - Providence St Vincent Sports Therapy 9135 SW Barnes Road Portland, OR 97225	Rehab & Physical Therapy
6 157 - Providence Tanasbourne Rehab and Sports 18650 NW Cornell Road Hillsboro, OR 97124	Rehab & Physical Therapy
7 158 - Providence Willamette Falls Rehab 1500 Division St Oregon City, OR 97045	Rehab & Physical Therapy
8 159 - Providence Wilsonville Sports Therapy 29345 SW Town Center Loop East Wilsonville, OR 97070	Rehab & Physical Therapy
9 160 - Providence Worker Rehabilitation 1750 NW Naito Parkway Portland, OR 97209	Rehab & Physical Therapy
10 161 - Willamette View Pool 12705 SE River Road Milwaukie, OR 97222	Rehab & Physical Therapy
11 162 - Providence Benedictine Nursing Center 540 S Main St Mount Angel, OR 97362	Senior Care
12 163 - Providence Benedictine Orchard House Per 550 S Main St Mount Angel, OR 97362	Senior Care
13 164 - Providence Brookside Manor 1550 Brookside Drive Hood River, OR 97031	Senior Care
14 165 - Providence Dethman Manor 1205 Montello Hood River, OR 97031	Senior Care

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
166 166 - Providence Down Manor 1950 Sterling Place Hood River, OR 97031	Senior Care
1 167 - Providence ElderPlace Administration 4531 SE Belmont St Portland, OR 97215	Senior Care
2 168 - Providence ElderPlace at Lambert House 2600 SE 170th Ave Portland, OR 97236	Senior Care
3 169 - Providence ElderPlace at The Marie Smith 4616 N Albina Portland, OR 97217	Senior Care
4 170 - Providence ElderPlace Beaverton 14255 SW Brigadoon Court Beaverton, OR 97005	Senior Care
5 171 - Providence ElderPlace Cully 5119 NE 57th Ave Portland, OR 97218	Senior Care
6 172 - Providence ElderPlace Glendoveer 13007 NE Glisan St Portland, OR 97230	Senior Care
7 173 - Providence ElderPlace Gresham 17727 E Burnside St Portland, OR 97233	Senior Care
8 174 - Providence ElderPlace in North Coast 1150 North Roosevelt Drive Ste 104 Seaside, OR 97138	Senior Care
9 175 - Providence ElderPlace Irvington Village 420 NE Mason St Portland, OR 97211	Senior Care
10 176 - Providence ElderPlace Laurelhurst 4540 NE Glisan St Portland, OR 97213	Senior Care
11 177 - Providence ElderPlace Milwaukie 10330 SE 32nd Ave Milwaukie, OR 97222	Senior Care
12 178 - 9450 SW Barnes Road in the Sunset Busine 9450 SW Barnes Road Portland, OR 97225	Specialty Clinic
13 179 - Bradley J Stuvland Integrative Medicine 4805 NE Glisan St Portland, OR 97213	Specialty Clinic
14 180 - Center for Advanced Heart Disease Easts 4805 NE Glisan St Portland, OR 97213	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
181 181 - Center for Advanced Heart Disease Wests 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
1 182 - Center for Advanced Treatment of Atrial 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
2 183 - Children's Inpatient Care Unit - Provide 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
3 184 - Clackamas Radiation Oncology Center 9280 SE Sunnybrook Blvd Clackamas,OR 97015	Specialty Clinic
4 185 - Columbia Gorge Heart Clinic White Salmo 211 NE Skyline Dr White Salmon,WA 98672	Specialty Clinic
5 186 - Direct Access Colonoscopy Clinic at Prov 10150 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
6 187 - Gerry Frank Center for Children's Care 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
7 188 - Leila J Eisenstein Breast Center 1698 E McAndrews Medford,OR 97504	Specialty Clinic
8 189 - Mother Baby Postpartum Clinic at Provide 10150 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
9 190 - Northwest Cardiologists PC-Hillsboro 333 SE 7th Ave Ste 5200 Hillsboro,OR 97123	Specialty Clinic
10 191 - Northwest Cardiologists PC-Providence S 9155 SW Barnes Road Portland,OR 97225	Specialty Clinic
11 192 - Northwest Vascular Consultants Inc 9701 SW Barnes Road Ste 140 Portland,OR 97225	Specialty Clinic
12 193 - Pacific Vascular Specialists 9155 SW Barnes Road Portland,OR 97225	Specialty Clinic
13 194 - Providence Anticoagulation Clinic at Pro 1304 Montello Ave Hood River,OR 97031	Specialty Clinic
14 195 - Providence Anticoagulation Clinic at Pro 1108 June Street Hood River,OR 97031	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
196 196 - Providence Arrhythmia Services at Provid 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
1 197 - Providence Arrhythmia Services at Provid 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
2 198 - Providence Beginnings 447 NE 47th Ave Ste 200 Portland,OR 97213	Specialty Clinic
3 199 - Providence BirthPlace-Medford 1111 Crater Lake Ave Medford,OR 97504	Specialty Clinic
4 200 - Providence Brain and Spine Institute-Pro 810 12th St Hood River,OR 97031	Specialty Clinic
5 201 - Providence Brain and Spine InstitutePro 10150 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
6 202 - Providence Brain and Spine InstitutePro 1001 Providence Drive Newberg,OR 97132	Specialty Clinic
7 203 - Providence Brain and Spine InstitutePro 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
8 204 - Providence Brain and Spine Institute-Pro 725 S Wahanna Road Seaside,OR 97138	Specialty Clinic
9 205 - Providence Brain and Spine InstitutePro 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
10 206 - Providence Brain and Spine Institute-Pro 1500 Division St Oregon City,OR 97045	Specialty Clinic
11 207 - Providence Breast Care Clinic-East (Prov 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
12 208 - Providence Breast Care Clinic-West 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
13 209 - Providence Cancer Center Infusion-Eastsi 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
14 210 - Providence Cancer Center Infusion-Westsi 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
211 211 - Providence Cancer Center Oncology and He 1003 Providence Drive Newberg, OR 97132	Specialty Clinic
1 212 - Providence Cancer Center Oncology and He 1510 Division St Oregon City, OR 97045	Specialty Clinic
2 213 - Providence Cancer Center Oncology and He 9135 SW Barnes Road Portland, OR 97225	Specialty Clinic
3 214 - Providence Cancer Center Oncology and He 9280 SE Sunnybrook Blvd Clackamas, OR 97015	Specialty Clinic
4 215 - Providence Cancer Center Oncology and He 4805 NE Glisan St Portland, OR 97213	Specialty Clinic
5 216 - Providence Cancer Center Oncology and He 810 12th St Hood River, OR 97031	Specialty Clinic
6 217 - Providence Cancer Center Oncology and He 725 S Wahanna Road Seaside, OR 97138	Specialty Clinic
7 218 - Providence Cancer Center-Southern Oregon 940 Royal Ave Medford, OR 97504	Specialty Clinic
8 219 - Providence Cancer Risk Assessment and Pr 4805 NE Glisan St Portland, OR 97213	Specialty Clinic
9 220 - Providence Cancer Risk Assessment and Pr 9135 SW Barnes Road Portland, OR 97225	Specialty Clinic
10 221 - Providence Cardiac Conditioning Center 1151 May St Hood River, OR 97031	Specialty Clinic
11 222 - Providence Cardiac Device and Monitoring 9427 SW Barnes Road Portland, OR 97225	Specialty Clinic
12 223 - Providence Cardiac Rehabilitation Center 1111 Crater Lake Ave Medford, OR 97504	Specialty Clinic
13 224 - Providence Cardiac Rehabilitation Center 1500 Division St Oregon City, OR 97045	Specialty Clinic
14 225 - Providence Child and Adolescent Psychiat 1500 Division St Oregon City, OR 97045	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
226 226 - Providence Child and Adolescent Psychiat 1500 Division St Oregon City,OR 97045	Specialty Clinic
1 227 - Providence Children's Emergency Departme 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
2 228 - Providence Dental Oncology and Oral Medi 830 NE 47th Ave Portland,OR 97213	Specialty Clinic
3 229 - Providence Dental Oncology and Oral Medi 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
4 230 - Providence Dental Oncology and Oral Medi 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
5 231 - Providence Dysplasia Clinic Eastside Po 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
6 232 - Providence Ear Nose Throat at Columbia G 1619 Woods Ct Hood River,OR 97031	Specialty Clinic
7 233 - Providence Gynecology Clinic-West 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
8 234 - Providence Heart Clinic at The Oregon CI 1111 NE 99th Ave Portland,OR 97220	Specialty Clinic
9 235 - Providence Heart Clinic North Coast Ast 1355 Exchange St Astoria,OR 97103	Specialty Clinic
10 236 - Providence Heart Clinic North Coast Sea 725 S Wahanna Road Seaside,OR 97138	Specialty Clinic
11 237 - Providence Heart Clinic-Bridgeport 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Specialty Clinic
12 238 - Providence Heart Clinic-Cardiovascular S 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
13 239 - Providence Heart Clinic-Cardiovascular S 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
14 240 - Providence Heart Clinic-Gresham 440 NW Division Street Gresham,OR 97030	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
241 241 - Providence Heart Clinic-McMinnville 2185 NW Second St Ste A McMinnville, OR 97128	Specialty Clinic
1 242 - Providence Heart Clinic-Milwaukie 10330 SE 32nd Ave Milwaukie, OR 97222	Specialty Clinic
2 243 - Providence Heart Clinic-Willamette Falls 1510 Division St Oregon City, OR 97045	Specialty Clinic
3 244 - Providence Home Health Hospice and Pall 1515 Portland Road Newberg, OR 97132	Specialty Clinic
4 245 - Providence Home Medical Equipment 6410 NE Halsey St Portland, OR 97213	Specialty Clinic
5 246 - Providence Home Services Southern Orego 2033 Commerce Drive Medford, OR 97504	Specialty Clinic
6 247 - Providence Hood River Health Services Bu 1151 May St Hood River, OR 97031	Specialty Clinic
7 248 - Providence Hood River Memorial Hospital 810 12th St Hood River, OR 97031	Specialty Clinic
8 249 - Providence Hood River Memorial Hospital 814 13th St Hood River, OR 97031	Specialty Clinic
9 250 - Providence Hood River Memorial Hospital 810 12th St Hood River, OR 97031	Specialty Clinic
10 251 - Providence Hood River Memorial Hospital 1151 May St Hood River, OR 97031	Specialty Clinic
11 252 - Providence Hood River Memorial Hospital 1304 Montello Ave Hood River, OR 97031	Specialty Clinic
12 253 - Providence Hood River Memorial Hospital 1108 June Street Hood River, OR 97031	Specialty Clinic
13 254 - Providence Hood River Memorial Hospital Mt Hood Meadows Drive Parkdale, OR 97041	Specialty Clinic
14 255 - Providence Hood River Memorial Hospital 1151 May St Hood River, OR 97031	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
256 256 - Providence Hood River Memorial Hospital 902 12th St Hood River,OR 97031	Specialty Clinic
1 257 - Providence Hood River Memorial Hospital 1108 June Street Hood River,OR 97031	Specialty Clinic
2 258 - Providence Hood River Memorial Hospital 1125 May St Ste 202 Hood River,OR 97031	Specialty Clinic
3 259 - Providence Infectious Disease Consultant 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
4 260 - Providence Infectious Disease Consultant 9155 SW Barnes Road Portland,OR 97225	Specialty Clinic
5 261 - Providence Infusion and Home Medical Equ 840 Royal Ave Medford,OR 97504	Specialty Clinic
6 262 - Providence Infusion-East Portland 6410 NE Halsey St Portland,OR 97213	Specialty Clinic
7 263 - Providence Infusion-Salem 2508 SE Pringle Road Salem,OR 97302	Specialty Clinic
8 264 - Providence Lactation Clinic and Store E 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
9 265 - Providence Liver Cancer Clinic East Por 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
10 266 - Providence Liver Cancer Clinic West Por 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
11 267 - Providence Medford Medical Center-Interv 1111 Crater Lake Ave Medford,OR 97504	Specialty Clinic
12 268 - Providence Medical Group Sunset Dermatol 417 SW 117th Ave Portland,OR 97225	Specialty Clinic
13 269 - Providence Medical Group-Arthritis Cente 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
14 270 - Providence Medical Group-Ashland 1661 N Hwy 99 Ste 100 Ashland,OR 97520	Specialty Clinic

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
271 271 - Providence Medical Group-Cardiology Sou 1698 E McAndrews Medford,OR 97504	Specialty Clinic
1 272 - Providence Medical Group-Clackamas Derma 10151 SE Sunnyside Road Ste 240 Clackamas,OR 97015	Specialty Clinic
2 273 - Providence Medical Group-Dermatologic Su 5330 NE Glisan St Portland,OR 97213	Specialty Clinic
3 274 - Providence Medical Group-Ear Nose and T 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Specialty Clinic
4 275 - Providence Medical Group-Ear Nose and T 12442 SW Scholls Ferry Road Tigard,OR 97223	Specialty Clinic
5 276 - Providence Medical Group-General Surgery 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Specialty Clinic
6 277 - Providence Medical Group-General Surgery 16180 SE Sunnyside Road Happy Valley,OR 97015	Specialty Clinic
7 278 - Providence Medical Group-General Surgery 12442 SW Scholls Ferry Road Tigard,OR 97223	Specialty Clinic
8 279 - Providence Medical Group-General Surgery 16770 SW Edy Road Sherwood,OR 97140	Specialty Clinic
9 280 - Providence Medical Group-General Surgery 1698 E McAndrews Medford,OR 97504	Specialty Clinic
10 281 - Providence Medical Group-General Surgery 9290 SE Sunnybrook Blvd Clackamas,OR 97015	Specialty Clinic
11 282 - Providence Medical Group-Glisan Dermatol 5330 NE Glisan St Portland,OR 97213	Specialty Clinic
12 283 - Providence Medical Group-Medford Medical 3225 Hillcrest Park Dr Medford,OR 97504	Specialty Clinic
13 284 - Providence Medical Group-Medford Pulmono 1698 E McAndrews Medford,OR 97504	Specialty Clinic
14 285 - Providence Medical Group-Neurology Assoc 10330 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
286 286 - Providence Medical Group-Neurology Brid 18040 SW Lower Boones Ferry Road Tigard,OR 97224	Specialty Clinic
1 287 - Providence Medical Group-Newberg Multi- 1003 Providence Drive Newberg,OR 97132	Specialty Clinic
2 288 - Providence Medical Group-OBGYN Health C 940 Royal Ave Medford,OR 97504	Specialty Clinic
3 289 - Providence Medical Group-Oregon City Pul 1510 Division St Oregon City,OR 97045	Specialty Clinic
4 290 - Providence Medical Group-Orthopedics Sh 16770 SW Edy Road Sherwood,OR 97140	Specialty Clinic
5 291 - Providence Medical Group-Scholls Pediatr 12442 SW Scholls Ferry Road Tigard,OR 97223	Specialty Clinic
6 292 - Providence Medical Group-Urogynecology C 940 Royal Ave Medford,OR 97504	Specialty Clinic
7 293 - Providence Medical Group-Vascular and Ge 940 Royal Ave Medford,OR 97504	Specialty Clinic
8 294 - Providence Milwaukie Healing Place 10330 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
9 295 - Providence Milwaukie Medical Plaza 10202 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
10 296 - Providence Moyamoya Center 9155 SW Barnes Road Portland,OR 97225	Specialty Clinic
11 297 - Providence Neonatal Intensive Care Unit- 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
12 298 - Providence Neonatal Intensive Care Unit- 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
13 299 - Providence Neurological Specialties-East 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
14 300 - Providence Neurological Specialties-Mill 315 SE Stone Mill Drive Vancouver,WA 98684	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
301 301 - Providence Neurological Specialties-West 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
1 302 - Providence Newberg Birth Center 1001 Providence Drive Newberg,OR 97132	Specialty Clinic
2 303 - Providence Newberg Heart Clinic 1003 Providence Drive Newberg,OR 97132	Specialty Clinic
3 304 - Providence Newberg Heart Rhythm Consulta 1003 Providence Drive Newberg,OR 97132	Specialty Clinic
4 305 - Providence Newberg Medical Center Sleep 1515 Portland Road Newberg,OR 97132	Specialty Clinic
5 306 - Providence Oncology Palliative Care Clin 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
6 307 - Providence Oncology Palliative Care Clin 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
7 308 - Providence Oral Head and Neck Cancer Cl 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
8 309 - Providence Outpatient Neurological Thera 1111 Crater Lake Ave Medford,OR 97504	Specialty Clinic
9 310 - Providence Outpatient Nutrition Services 10150 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
10 311 - Providence Outpatient Nutrition Services 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
11 312 - Providence Outpatient Nutrition Services 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
12 313 - Providence Pediatric Endocrinology 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
13 314 - Providence Pediatric Infectious Disease 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
14 315 - Providence Pediatric Intensive Care Unit 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
316 316 - Providence Pediatric NeurologyChild Cen 830 NE 47th Ave Portland,OR 97213	Specialty Clinic
1 317 - Providence Pediatric NeurologyLongview 971 11th Ave Longview,WA 98632	Specialty Clinic
2 318 - Providence Pediatric NeurologySalem- Sa 2478 13th St SE Salem,OR 97302	Specialty Clinic
3 319 - Providence Pediatric NeurologySt Vince 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
4 320 - Providence Pediatric Surgery St Vincen 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
5 321 - Providence Portland Family Maternity Cen 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
6 322 - Providence Postpartum Care Center 9155 SW Barnes Road Portland,OR 97225	Specialty Clinic
7 323 - Providence Psychiatry Clinic East 5251 NE Glisan St Portland,OR 97213	Specialty Clinic
8 324 - Providence Seaside Hospital Outpatient I 725 S Wahanna Road Seaside,OR 97138	Specialty Clinic
9 325 - Providence Specialty Pediatric Dental CI 830 NE 47th Ave Portland,OR 97213	Specialty Clinic
10 326 - Providence Spine Institute 870 S Front St Central Point,OR 97502	Specialty Clinic
11 327 - Providence St Vincent Heart Clinic Mil 315 SE Stone Mill Drive Vancouver,WA 98684	Specialty Clinic
12 328 - Providence St Vincent Heart Clinic SW 625 9th Ave Longview,WA 98632	Specialty Clinic
13 329 - Providence St Vincent Heart Clinic-Hear 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
14 330 - Providence St Vincent Heart Clinic-Tana 18650 NW Cornell Road Hillsboro,OR 97124	Specialty Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
331 331 - Providence St Vincent Medical Center Fa 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
1 332 - Providence Thoracic Surgery-East - Provi 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
2 333 - Providence Thoracic Surgery-West 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
3 334 - Providence Valve Center at Providence St 9427 SW Barnes Road Portland,OR 97225	Specialty Clinic
4 335 - Providence Women's Clinic East Portland 2705 E Burnside St Portland,OR 97214	Specialty Clinic
5 336 - Providence Women's Clinic Milwaukie 10330 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
6 337 - Providence Women's Clinic Providence St 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic
7 338 - Providence Youth Services 205 NE 50th Ave Portland,OR 97213	Specialty Clinic
8 339 - Ruth J Spear Breast Center 9205 SW Barnes Road Portland,OR 97225	Specialty Clinic
9 340 - Safeway Foundation Breast Center 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
10 341 - Senior Psychiatric Unit at Providence Mi 10150 SE 32nd Ave Milwaukie,OR 97222	Specialty Clinic
11 342 - Specialty Surgery PC 5050 NE Hoyt St Portland,OR 97213	Specialty Clinic
12 343 - Swindells Resource Center-Southern Orego 840 Royal Ave Medford,OR 97504	Specialty Clinic
13 344 - The Gamma Knife Center of Oregon 4805 NE Glisan St Portland,OR 97213	Specialty Clinic
14 345 - Zidell Center for Integrative Medicine 9135 SW Barnes Road Portland,OR 97225	Specialty Clinic

2015

Open to Public Inspection

51-0216587

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Access Now 1311 NW 21st Avenue Portland, OR 97296	20-8928388	501 (c) 3	1,379,457				Community health support
Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 97213	93-1231494	501 (c) 3	596,015				Operational support
Providence St Vincent Medical Foundation 9205 SE Barnes Rd Portland, OR 97225	93-0575982	501 (c) 3	448,729				Operational support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Child Center Foundation 830 NE 47th Portland, OR 97213	93-0800140	501 (c) 3	403,434				Operational support
Providence Newberg Foundation 1001 Providence Dr Newberg, OR 97132	93-0889144	501 (c) 3	279,689				Operational support
Neighborhood Health Center 6420 SW Macadam Ave 300 Portland, OR 97239	27-3524752	501 (c) 3	260,000				Community health support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504	93-0692907	501 (c) 3	256,605				Operational support
Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222	94-3079515	501 (c) 3	226,002				Operational support
The Oregon Community Foundation 1221 SW Yamhill 100 Portland, OR 97205	23-7315673	501 (c) 3	192,000				Community health support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Willamette Falls Foundation 1500 Division Street Oregon City, OR 97045	93-1003750	501 (c) 3	165,866				Operational support
Medical Teams International PO Box 10 Portland, OR 97207	93-0878944	501 (c) 3	156,250				Community health support
United Way of the Columbia-Willamette 619 SW 11th Ave Ste 300 Portland, OR 97205	93-0582124	501 (c) 3	150,000				Community health support

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Providence Hood River Memorial Hospital Foundation 811 13th St Hood River, OR 97031	93-0921990	501 (c) 3	142,298				Operational support
Multnomah County Health Department 426 SW Stark St Portland, OR 97204	93-6002309	Government	133,800				Community health support
Impact NW PO Box 33530 Portland, OR 97292	93-0557964	501 (c) 3	122,779				Community health support

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Providence Seaside Foundation 725 S Wahanna Rd Seaside, OR 97138	93-0927320	501 (c) 3	122,021				Operational support
Providence Benedictine Nursing Center Foundation 540 S Main Street Mt Angel, OR 97362	91-1940286	501 (c) 3	120,536				Operational support
Society of St Vincent De Paul PO Box 42157 Portland, OR 97242	93-0831082	501 (c) 3	120,236				Community health support

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Central City Concern 232 NW Everett Street Portland, OR 97209	93-0728816	501 (c) 3	104,490				Community health support
Mid-Columbia Children 1101 E Marina Way Suite 215 Hood River, OR 97031	93-0951908	501 (c) 3	102,500				Community health support
Catholic Charities 231 SE 12th Avenue Portland, OR 97214	93-0386801	501 (c) 3	100,000				Community health support

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Oregon Health Science University 3181 SW Sam Jackson Park Road Portland, OR 97239	93-1176109	501 (c) 3	100,000				Community health support
Southwest Community Health Center 7754 SW Capital Highway Portland, OR 97219	74-3050497	501 (c) 3	90,000				Community health support
Jackson County CCO LLC 315 SW 5th Ave Ste 900 Portland, OR 97204	45-5499608	Other	80,000				Community health support

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Legacy Health 1919 NE Lovejoy street Portland, OR 97209	23-7426300	501 (c) 3	75,000				Community health support
Robison Jewish Home 6125 SW Boundary St Portland, OR 97221	93-0386852	501 (c) 3	75,000				Community health support
The Wallace Medical Concerns 124 NE 181St Ave Portland, OR 97230	93-0853709	501 (c) 3	75,000				Community health support

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Hood River County Health Department 1109 June Street Hood River, OR 97031	93-6002297	Government	60,790				Community health support
Gorge Grown Food Network 203 2nd Street Hood River, OR 97031	26-2910949	501 (c) 3	54,000				Community health support
Love in the Name of Christ Inc 209 S Main St Newberg, OR 97132	26-0068805	501 (c) 3	50,250				Community health support

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American Heart Association Inc 7272 Greenville Ave Dallas, TX 75231	13-5613797	501 (c) 3	50,000				Community health support
The Next Door Inc 965 Tucker Road Hood River, OR 97031	93-0600421	501 (c) 3	48,010				Community health support
Catholic Community Services of the Mid-Willamette Valley & Central Coast PO Box 20400 Keizer, OR 97307	93-0903773	501 (c) 3	45,000				Community health support

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The Mental Health Association of Oregon 10150 SE Ankeny St 201A Portland, OR 97216	93-1012686	501 (c) 3	45,000				Community health support
One Common Health 849 Pacific Ave Hood River, OR 97031	93-0910794	501 (c) 3	43,400				Community health support
Oregon Public Health Institute 310 SW 4th Ave Ste 900 Portland, OR 97204	93-1259522	501 (c) 3	43,105				Community health support

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Connect the Dots PO Box 2426 Gearhart, OR 97138	46-1906387	501 (c) 3	40,000				Community health support
Faith Community NursingHealth Ministries Northwest 2801 N Gantenbein Avenue Room 107 Portland, OR 97227	94-3180955	501 (c) 3	40,000				Community health support
St Francis House of Odell PO Box 1734 Hood River, OR 97031	26-1778558	501 (c) 3	40,000				Community health support

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Clackamas County - Behavioral Health Division 2051 Kaen Road Oregon City, OR 97045	93-6002286	Government	37,000				Community health support
Columbia Gorge Community College 400 East Scenic Drive The Dalles, OR 97058	93-0700843	501 (c) 3	35,760				Community health support
Rogue Community Health 19 Myrtle Street Medford, OR 97504	23-7366812	501 (c) 3	30,000				Community health support

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Ride Connection Inc 9955 NE Glisan St Portland, OR 97220	94-3076771	501 (c) 3	27,500				Community health support
Clackamas Community College Foundation 19600 Molalla Ave Oregon City, OR 97045	93-0579576	501 (c) 3	25,500				Community health support
Children First for Oregon PO Box 14914 Portland, OR 97293	94-3168157	501 (c) 3	25,000				Community health support

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Legacy Emanuel Hospital PO Box 5939 Portland, OR 97228	93-0386823	501 (c) 3	25,000				Community health support
Newberg Downtown Coalition 502 E Second Street Newberg, OR 97132	27-1747061	501 (c) 3	25,000				Community health support
Self Enhancement Inc 3920 N Kerby Ave Portland, OR 97227	93-1086629	501 (c) 3	25,000				Community health support

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SportsOne Inc 9640 SW Sunshine Court Ste 400 Beaverton, OR 97005	93-1300972	Other	25,000				Community health support
The Foundation for Medical Excellence 1 SW Columbia Street 860 Portland, OR 97258	93-0632522	501 (c) 3	25,000				Community health support
Volunteers of America 3910 SE Stark Street Portland, OR 97214	93-0395591	501 (c) 3	25,000				Community health support

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Familias En Accion 2710 NE 14th Ave Portland, OR 97212	93-1284335	501 (c) 3	22,500				Community health support
Helping Hands Re-Entry Outreach Centers PO Box 413 Seaside, OR 97138	27-1158468	501 (c) 3	22,500				Community health support
The Founders Clinic PO Box 2592 Oregon City, OR 97045	37-1621141	501 (c) 3	22,500				Community health support

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Oregon Health Authority 800 NE Oregon St Suite 550 Portland, OR 97232	93-6001752	Government	21,357				Community health support
All Hands Raised 2069 NE Hoyt St Portland, OR 97232	93-1149789	501 (c) 3	20,000				Community health support
City of Hood River PO Box 27 Hood River, OR 97031	93-6002186	Government	20,000				Community health support

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Clatsop Community Action 364 9TH Street Astoria, OR 97103	93-1010260	501 (c) 3	20,000				Community health support
Free Clinic of Southwest Washington 4100 Plomondon Street Vancouver, WA 98661	91-1707542	501 (c) 3	20,000				Community health support
Hood River County Education Foundation 1009 Eugene Street Hood River, OR 97031	93-1093479	501 (c) 3	20,000				Community health support

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Portland Adventist Community Services 11020 NE Halsey St Portland, OR 97220	35-2468744	501 (c) 3	20,000				Community health support
Restoration House Inc 208 N Holladay St PO Box 641 Seaside, OR 97138	93-1271134	501 (c) 3	20,000				Community health support
The Canby Center 681 SW 2nd Avenue Canby, OR 97013	51-0603464	501 (c) 3	17,000				Community health support

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Lutheran Community Services Northwest 4040 S 188th Street 300 SeaTac, WA 98188	93-0386860	501 (c) 3	16,275				Community health support
Community Action Organization 1001 SW Baseline Hillsboro, OR 97123	93-0554941	501 (c) 3	15,500				Community health support
Jackson County SART 43 Morninglight Dr Ashland, OR 97520	81-0650183	501 (c) 3	15,000				Community health support

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North Clackamas Education Foundation PO Box 595 Clackamas, OR 97015	93-1114786	501 (c) 3	15,000				Community health support
Oregon Business Council 1100 SW 6th Ave Ste 1608 Portland, OR 97204	93-0884244	501 (c) 6	15,000				Community health support
Mother Teresa Home PO Box 255 Medford, OR 97501	93-1317126	501 (c) 3	14,400				Community health support

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ACCESS PO Box 4666 Medford, OR 97501	93-0665396	501 (c) 3	14,000				Community health support
Oregon Center for Nursing 5000 N Willamette Boulevard MSC 1 Portland, OR 97203	74-3052430	501 (c) 3	13,000				Community health support
Our House of Portland Inc 2727 SE Alder Street Portland, OR 97214	93-0986632	501 (c) 3	12,125				Community health support

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International Center for Traditional Childbearing PO Box 11923 Portland, OR 97211	91-1837139	501 (c) 3	11,150				Community health support
South County Community Food Bank 2041 N Roosevelt Dr Seaside, OR 97138	93-0890982	501 (c) 3	10,650				Community health support
211Info PO Box 11830 Portland, OR 97211	93-0784586	501 (c) 3	10,000				Community health support

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Albertina Kerr Centers Foundation 424 NE 22nd Avenue Portland, OR 97232	93-1297104	501 (c) 3	10,000				Community health support
Clackamas Service Center Inc PO Box 2620 Clackamas, OR 97015	93-0626175	501 (c) 3	10,000				Community health support
Jackson County Child Abuse Task Force 816 W 10th Street Medford, OR 97501	94-3079497	501 (c) 3	10,000				Community health support

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Mercy Flights Inc 2020 Milligan Way Medford, OR 97504	93-0512235	501 (c) 3	10,000				Community health support
NAMI - Oregon 4701 SE 24th Ave No E Portland, OR 97202	93-0875209	501 (c) 3	10,000				Community health support
Newberg FISH Emergency Service 125-A S Elliott Rd Newberg, OR 97132	93-0673869	501 (c) 3	10,000				Community health support

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Oregon Food Bank PO Box 55370 Portland, OR 97238	93-0785786	501 (c) 3	10,000				Community health support
Portland-Guadalajara Sister City Assoc PO Box 728 Portland, OR 97207	93-0906775	501 (c) 3	10,000				Community health support
Trillium Family Services 3415 SE Powell Boulevard Portland, OR 97202	93-0386966	501 (c) 3	10,000				Community health support

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Young Men's Christian Association of Ashland 540 YMCA Way Ashland, OR 97520	93-0386976	501 (c) 3	10,000				Community health support
Skanner Foundation PO Box 5455 Portland, OR 97228	93-1109980	501 (c) 3	8,500				Community health support
African American Health Coalition 2014 2800 N Vancouver Ave 100 Portland, OR 97227	93-1015277	501 (c) 3	8,000				Community health support

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March of Dimes Foundation 1275 Mamaroneck Avenue White Plains, NY 10605	13-1846366	501 (c) 3	8,000				Community health support
Hispanic Metropolitan Chamber 333 SW 5th Avenue Suite 100 Portland, OR 97204	93-1156358	501 (c) 3	7,850				Community health support
Jackson County School District #6 300 Ash Street Central Point, OR 97502	93-8000508	Government	7,800				Community health support

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Down Syndrome Network Oregon PO Box 248 Maryhurst, OR 97036	20-1927900	501 (c) 3	7,500				Community health support
Partners for a Hunger Free Oregon 712 SE Hawthorne Boulevard Suite 2 Portland, OR 97214	20-4970868	501 (c) 3	7,500				Community health support
United Way of Jackson County Inc 1457 East McAndrews Medford, OR 97504	93-0576632	501 (c) 3	5,850				Community health support

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Jefferson Regional Healthcare Alliance 670 Superior Court Medford, OR 97504	59-3813059	501 (c) 3	5,500				Community health support
Pacific University 2043 College Way Forest Grove, OR 97116	93-0386892	501 (c) 3	5,500				Community health support
Urban League of Portland Inc 10 North Russell Street Portland, OR 97227	93-0395590	501 (c) 3	5,500				Community health support

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Asian Health & Service Center Inc 3430 SE Powell Blvd Portland, OR 97202	93-1192100	501 (c) 3	5,000				Community health support
Black Parent Initiative 6325 NE 27th Ave Portland, OR 97211	20-5686374	501 (c) 3	5,000				Community health support
CASA of Jackson County Inc 613 Market Street Medford, OR 97504	94-3215621	501 (c) 3	5,000				Community health support

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Compass House Inc 332 W 6th Street Medford, OR 97501	93-1294230	501 (c) 3	5,000				Community health support
D-9 Foundation 821 E Jackson Medford, OR 97504	93-1255627	501 (c) 3	5,000				Community health support
Ecumenical Ministries of Oregon 245 SW Bancroft St Portland, OR 97213	93-0625359	501 (c) 3	5,000				Community health support

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Hearts & Vines Foundation 221 Stewart Ave Ste 301 Medford, OR 97501	93-1226903	501 (c) 3	5,000				Community health support
Jackson County Foster Parents Association Inc PO Box 382 Medford, OR 97501	93-0929360	501 (c) 3	5,000				Community health support
Newberg Old Fashioned Festival PO Box 721 Newberg, OR 97132	93-1077597	501 (c) 4	5,000				Community health support

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Northwest Organization of Nurse Executives 300 Elliott Ave 300 Seattle, WA 98119	91-1165662	501 (c) 3	5,000				Community health support
Oregon Chapter American College of Cardiology PO Box 55424 Portland, OR 97238	94-3198757	501 (c) 6	5,000				Community health support
Oregon Historical Society 1200 SW Park Avenue Portland, OR 97205	93-0391599	501 (c) 3	5,000				Community health support

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Portland Opportunities Industrialization Center Inc 717 N Killingsworth Court Portland, OR 97217	93-0593858	501 (c) 3	5,000				Community health support
Rogue Valley Search and Rescue 620 Antelope Road White City, OR 97503	93-1163918	501 (c) 3	5,000				Community health support
Sonrise Baptist Church 6701 NE Campus Way Hillsboro, OR 97124	93-0785442	501 (c) 3	5,000				Community health support

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Virginia Garcia Memorial Clinic PO Box 568 Cornelius, OR 97313	93-0717997	501 (c) 3	5,000				Community health support
Wisdom of the Elders 3203 SE 109th Ave Portland, OR 97266	93-1164114	501 (c) 3	5,000				Community health support

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.		No
8 Were any amounts reported on 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	The reporting organization did not provide any of the benefits listed in Schedule J, Part I, Line 1a. However, as part of Providence's philosophy of transparency, the narrative that follows relates to the compensation and benefits provided by the related organization. Providence Health & Services Expense Reimbursement Procedures include the following policies: Air travel is reimbursable for tourist or economy class and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled. Employees are encouraged to plan in advance to get available discounts. Airline frequent flyer upgrades will never be reimbursed. First class air travel will only be reimbursed when tourist or economy class air travel is not available and business travel is mandated by a supervisor. In the rare circumstance that an executive must fly on a first class full fare ticket, their senior level supervisor must approve this expense. Companion travel will only be reimbursed by the organization for travel related to relocation, and should not exceed two relocation-related visits, unless approved by the Executive Vice President, Chief People/Experience Officer. Spouse or Companion Travel: Travel expenses incurred by a PH&S employee's spouse or companion will not be reimbursed by PH&S unless the spouse or companion is required to, or invited to attend a PH&S System-sponsored meeting. These expenses may be considered a taxable benefit by the IRS and if so, will be included on the employee's W-2. During 2015, there were 13 First Class tickets utilized by Officers, Directors or Key Employees listed on Form 990, Part VII. Tax Indemnifications or Gross-Up Payments: Providence Health & Services follows the federal and state taxation laws related to relocation expenses paid to the employee or to a third party on the employee's behalf. They are considered income and are therefore subject to payroll taxes. Based on the way Providence has chosen to pay the relocation expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2. Providence will gross-up the relocation benefits to offset the personal tax burden to the employee for IRS allowable expenses. During 2015, the following Listed Persons received gross-up payments: Debra Canales Rhonda Medows, MD. The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation in the 990. Housing Allowance or Residence for Personal Use: Providence Health & Services provides housing allowances for purposes of relocation assistance only. Providence may pay temporary living expenses for the employee up to a maximum of 90 calendar days. Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services. The Executive Vice President, Chief People/Experience Officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances. Only in extenuating circumstances is housing extended beyond this six month period. During 2015, the following Listed Persons received relocation/housing program payments: Debra Canales Rhonda Medows, MD. The amounts reported for these relocation/housing payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation.
Part I, Lines 4a-b	NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan 1) Rod Hochman, MD a) SERP Vested but not Paid - \$1,918,360 b) SERP Interest Credit - \$32,014 2) Todd Hofheins a) SERP Earned but not Vested - \$244,283 3) Cindy Strauss a) SERP Vested but not Paid - \$796,632 b) SERP Interest Credit - \$20,200 4) Craig Wright, MD a) SERP Vested but not Paid - \$2,047,185 b) SERP Interest Credit - \$75,356 5) William Olson a) Taxable SERP Earned but not Paid - \$5,084 6) Janice Burger a) Taxable SERP Earned but not Paid - \$1,509,127 7) Debra Canales a) SERP Earned but not Vested - \$432,239 8) Michael Butler a) SERP Earned but not Vested - \$590,423 b) SERP Interest Credit - \$84,804 9) Janice Newell a) SERP Vested but not Paid - \$772,706 b) SERP Interest Credit - \$4,758 10) Tom McDonagh a) SERP Vested but not Paid - \$323,732 b) SERP Interest Credit - \$5,950 c) Taxable CBRP Paid - \$5,569 11) Dave Underriner a) Taxable SERP Earned but not Paid - \$13,332 b) Non-Taxable SERP Earned - \$218 c) SERP Interest Credit - \$30,324 d) ESP Interest Credit - \$3,313 12) Lisa Vance a) SERP Earned but not Paid - \$22,291 b) SERP Interest Credit - \$5,164 c) Taxable CBRP Earned - \$63 d) Non-Taxable CBRP Earned - \$2 13) Jack Friedman a) Taxable SERP Earned but not Paid - \$69,453 b) SERP Interest Credit - \$54,261 14) Teresa Spalding a) Taxable SERP Earned but not Paid - \$245,180 b) Taxable CBRP Paid - \$2 15) Debbie Burton a) SERP Earned but not Paid - \$191,285 b) SERP Interest Credit - \$5,020 16) Aaron Martin a) SERP Earned but not Vested - \$170,424 17) Rhonda Medows a) SERP Earned but not Vested - \$164,484 18) Mark Gargett a) Taxable SERP Earned but not Paid - \$136,029 b) Taxable CBRP Paid - \$42 c) SERP Interest Credit - \$22,957 19) Jack Mudd a) SERP Earned but not Paid - \$67,957 b) SERP Interest Credit - \$42,960 20) Doug Koekkoek a) SERP Interest Credit - \$4,678 b) SERP Earned but not Vested - \$157,106 21) Theron Park a) SERP Earned but not Vested - \$140,772 22) Joel Gilbertson a) SERP Earned but not Vested - \$143,438 b) SERP Interest Credit - \$13,113 23) Sharon Toncray a) SERP Earned but not Vested - \$135,371 b) SERP Interest Credit - \$11,848 24) Jeffrey Swanson a) Taxable CBRP Paid - \$88,494 25) Walter Urba a) Taxable CBRP Earned but not Paid - \$48,826 b) Non Taxable CBRP Earned but not Paid - \$845 26) Robert Gluckman a) Taxable SERP Earned but not Paid - \$369,027 b) Taxable CBRP Paid - \$2 27) Daniel Oseran a) Taxable CBRP Earned but not Paid - \$140,685 28) John Fletcher a) Taxable SERP Paid - \$102,560 b) Non-Taxable SERP Paid - \$773 29) Jan Jones a) Taxable SERP Paid - \$106,169 b) SERP Interest Credit - \$8,197 30) Greg Van Pelt a) Taxable SERP Paid - \$4,090
Part I, Lines 4a-b	SEVERANCE 1) Randy Axelrod - \$ 515,897 2) Greg Van Pelt - \$ 28,299 3) John Fletcher - \$ 476,515 4) Jan Jones - \$ 653,292
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 combination with personal goals for top executives. In 2015, 50 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's six strategic priorities: 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. The remaining 50% was based on a robust set of personal goals designed to align critical mission and business drivers, executive team talent development (deepening talent pipeline for top 200+leaders) and professional development. In 2015 the percent allocation for each of these strategic priorities was as outlined below: * Success Measures - System Goals 50% Community Benefit - 5% Caregiver (Employee) Engagement - 7 5% MyChart Activations - 5% Patient Loyalty Index - 5% Clinical Excellence Index - 7 5% Free Cash Flow - 5% Salary Expense / Net Operating Revenue - 2 5% Primary Care Panel Size - 5% Total Growth in Operating Revenue - 7 5% * Success Measures - Personal Goals 50% Mission/Business Driver - 15% Exec Talent Development - 20% Professional Development - 15% TOTAL ALLOCATION 100%

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Rod F Hochman MD President / CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,562,459	3,522,350	18,000	49,002	-	-	1,152,963
					25,415		5,177,226	
1Todd HofheinsEVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	704,452	247,640	18,000	269,139	-	-	0
						26,574	1,265,805	
2Cindy Strauss EVP/Chief Legal Officer	(i)	0	0	0	0	0	0	0
	(ii)	526,875	981,482	18,000	40,075	-	-	524,784
						24,624	1,591,056	
3Dave Undermner CE/OR Region	(i)	0	0	0	0	0	0	0
	(ii)	619,532	254,931	18,000	88,358	-	-	0
						27,223	1,008,044	
4William Olson VP/Financial Ops , OR	(i)	0	0	0	0	0	0	0
	(ii)	388,074	119,234	18,000	37,041	-	-	0
						12,919	575,268	
5Randy Axelrod MD Thru 315 EVP/Clinical & Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	190,509	679,339	546,732	11,925	-	-	0
						23,825	1,452,330	
6Mike Butler President/Operations & Services	(i)	0	0	0	0	0	0	0
	(ii)	1,151,688	402,660	18,000	710,959	-	-	0
						29,289	2,312,596	
7Debbie Burton SVP/ Chief Nrsg Officer	(i)	0	0	0	0	0	0	0
	(ii)	365,287	300,015	18,000	31,695	-	-	0
						23,907	738,904	
8Debra Canales EVP/Chief People & Experience Ofc	(i)	0	0	0	0	0	0	0
	(ii)	772,941	715,960	161,754	444,164	-	-	0
						13,966	2,108,785	
9Jack Friedman Thru 615 SVP/Accountable Care & Payor Rel	(i)	0	0	0	0	0	0	0
	(ii)	364,689	388,093	18,000	103,565	-	-	0
						14,354	888,701	
10Mark Gargett VP/Digital Integration	(i)	0	0	0	0	0	0	0
	(ii)	387,625	245,091	0	58,688	-	-	0
						23,604	715,008	
11Joel Gilbertson SVP, Comm Partnrsip & Ext Affairs	(i)	0	0	0	0	0	0	0
	(ii)	421,859	126,840	18,000	181,114	-	-	0
						22,782	770,595	
12Aaron Martin SVP/Strategy & Innovation	(i)	0	0	0	0	0	0	0
	(ii)	512,696	151,000	18,000	182,349	-	-	0
						7,050	871,095	
13Tom McDonagh VP/Chief Investment Officer	(i)	0	0	0	0	0	0	0
	(ii)	451,242	512,101	0	34,150	-	-	0
						23,966	1,021,459	
14Rhonda Medows MD EVP/Population Health	(i)	0	0	0	0	0	0	0
	(ii)	524,152	100,000	43,823	176,410	-	-	0
						12,098	856,483	
15Jack Mudd SVP/Mission Leadership	(i)	0	0	0	0	0	0	0
	(ii)	394,530	220,747	17,141	70,632	-	-	0
						18,218	721,268	
16Janice Newell SVP/Chief Information Officer	(i)	0	0	0	0	0	0	0
	(ii)	578,517	938,806	18,000	23,307	-	-	185,427
						14,460	1,573,090	
17Doug Koekkoek CEO/OMG/Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	469,830	136,280	18,000	199,010	-	-	0
						24,373	847,493	
18Harvey Smith SVP/Chief Customer Svc Officer	(i)	0	0	0	0	0	0	0
	(ii)	591,345	235,203	18,000	23,818	-	-	0
						18,087	886,453	
19Teresa Spalding VP/Revenue Cycle	(i)	0	0	0	0	0	0	0
	(ii)	328,808	345,091	18,000	32,190	-	-	0
						12,942	737,031	

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Theron Park CEO/Oregon Delivery System	(i)	0	0	0	0	0	0	0
	(ii)	414,850	128,350	18,000	156,869	- 22,844	- 740,913	0
1Sharon Toncray SVP/HR Strat Partners	(i)	0	0	0	0	0	0	0
	(ii)	413,272	132,710	18,000	173,585	- 22,499	- 760,066	0
2Lisa Vance SVP/Clinical Program Services	(i)	0	0	0	0	0	0	0
	(ii)	479,541	203,545	103,000	37,359	- 13,827	- 837,272	0
3Craig Wnght MD SVP/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	552,895	2,237,145	5,000	105,811	- 19,569	- 2,920,420	835,177
4Janice Burger CE/W OR Division	(i)	0	0	0	0	0	0	0
	(ii)	367,796	1,621,347	18,000	34,009	- 16,831	- 2,057,983	64,080
5Ern Allen Physician - Dermatology	(i)	859,526	0	18,000	15,651	23,149	916,326	0
	(ii)	0	0	0	0	- 0	- 0	0
6Walter Urba Administrator/Clinical Research	(i)	694,427	139,487	18,000	33,285	18,580	903,779	0
	(ii)	0	0	0	0	- 0	- 0	0
7Jeffrey Swanson Surgeon - Cardiology	(i)	767,596	88,494	18,000	11,925	18,949	904,964	0
	(ii)	0	0	0	0	- 0	- 0	0
8Robert GluckmanCMO	(i)	410,771	423,187	4,027	50,545	20,751	909,281	0
	(ii)	0	0	0	0	- 0	- 0	0
9Daniel Oseran Exec Vascular/Heart Inst	(i)	611,169	207,352	18,000	13,483	21,356	871,360	0
	(ii)	0	0	0	0	- 0	- 0	0
10John Fletcher Former VP/Operations Support	(i)	0	0	0	0	0	0	0
	(ii)	0	102,560	481,290	773	- 18,005	- 602,628	0
11Jan JonesFormer SVP/CAO	(i)	0	0	0	0	0	0	0
	(ii)	0	106,169	653,292	8,197	- 25,789	- 793,447	0

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DLN: 93493320151656

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PROVIDENCE HEALTH & SERVICES - OREGON

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

51-0216587

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A State of Oregon (Oregon Facilities Authority)	93-6001787	68608JPT2	11-17-2011	24,927,615	Refund Series 1999 & Adv Refund Series 2002 & Refunding Series 2005 (WFH)		X		X		X
B State of Oregon (Oregon Facilities Authority)	93-6001787	68608JRH6	09-18-2013	86,048,852	See Part VI		X		X		X
C State of Oregon (Oregon Facilities Authority)	93-6001787	68608JRL7	09-18-2013	161,675,000	See Part VI		X		X		X
D State of Oregon (Oregon Facilities Authority)	93-6001787	68608JTS0	09-13-2015	72,245,909	New money for Providence St Vincent Patient Tower		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				3,980,000	11,590,000	26,300,000			
2	Amount of bonds legally defeased									
3	Total proceeds of issue				24,927,777	86,048,855	161,675,548	72,259,208		
4	Gross proceeds in reserve funds						107,218			
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				345,182	910,360	1,475,000	984,036		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds							4,075,148		
11	Other spent proceeds				32,837,445	85,138,495	160,311,294			
12	Other unspent proceeds							67,200,024		
13	Year of substantial completion				2005	2007	2003	2019		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X			X		X
15	Were the bonds issued as part of an advance refunding issue?				X		X		X	X
16	Has the final allocation of proceeds been made?				X		X		X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			X

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, ISSUE B PART I, QUESTION (F)	Advance refund the Hospital Facilities Authority of Multnomah County, Oregon, Series 2004

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

Return Reference	Explanation
PART II, LINE 3 - PROCEEDS OF ISSUE	The amounts shown on Line 3 differ from Issue Price due to the effect of accumulated investment earnings

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.**2015****Open to Public
Inspection**Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON**Employer identification number**

51-0216587

Return Reference

Form 990, Part VI, Section A, line 6

Explanation

The sole Member of the Corporation is Providence Health & Services

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is prepared internally by experienced Providence Health & Services staff and reviewed by the internal PH&S Director of Taxes and external tax advisors. The Board of Directors reviewed the Form 990 prior to filing with the IRS.

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

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

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Public disclosure of governing documents, conflict of interest policy and 990 filings are made available to the public upon request. The consolidated financial statements are available on our public Internet site www2.providence.org . All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site.

Return Reference	Explanation
Form 990, Part VII	Doug Koekkoek - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Theron Park - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Dave Underiner - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 William Olson - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Erin Allen - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Walter Urba - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Jeffrey Swanson - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Robert Gluckman - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Daniel Oseran - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213

Return Reference	Explanation
Form 990, Part XI, line 9	Extraordinary Items & Released Assets -350,516 Grant to Foundation recognized in prior year/Funds transferred in 2015 - 1,100,008 Book/Tax Difference - Joint Venture Income 200,381 Restricted Contributions & Grants 22,821,445 Unrestricted Investment in Recipient Organization 164,520,309 Dethman Manor Activity 17,719 Net Assets Released from Restriction 9,301,987 Rounding 4

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

Return Reference	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	Volunteers contribute to the quality of care for which Providence is noted and exemplify the Providence Mission. Volunteers enhance the patient experience providing assistance with activities, special projects, greeting, staffing the gift shops, delivery of flowers, running errands, offering clerical support and anything else that is asked of them. Our organization is blessed with a group of volunteers that help each and every day. Volunteer services include but are not limited to the following: * Greet and escort visitors and patients * Assist patients being admitted/check-in and scheduling * Bond with medically fragile children to add quality of life and joy * Spiritual care, including end of life, Eucharistic ministers and harpists * Clerical support * Deliver flowers and mail to patients * Give hospital tours * Participate in fundraising and community events * Guest escort * Provide hand crafted items such as hats, booties and blankets for new borns * Provide toy bags for children * Provide information and support for patients/families/visitors * Serve as patient ambassadors on the nursing floors * Run errands as needed * Staffing the gift shops * Work on special projects for various departments as needed * Support blood drives * Pet Therapy program visitation * Provide other support as needed to enhance the patient experience

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

[illegible]

Part VII **Supplemental Information**

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: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869	Supportive Housing	CA	501(c)(3)	Line 9	PHS - So California		No
Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
Providence Dethman House 1205 Montello Ave Hood River, OR 97031 47-3385506	Supportive Housing	WA	501(c)(3)	Pending	N/A		No
Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S Institutions	WA	501(c)(3)	Line 11/Type II	PH & S - Washington		No
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
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
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
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
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
Providence Newberg Health Foundation 1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
Providence Child Center Foundation 830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
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
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
PH&S FoundationSFVSA & SCVSA 501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501(c)(3)	Line 7	PHS - So California		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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
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
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
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
Providence St Joseph Medical Center PO Box 1010 Polson, MT 598601010 81-0463482	Healthcare	MT	501(c)(3)	Line 3	PH & S - Washington		No
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
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
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
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
University of Great Falls 1301 20th Street South Great Falls, MT 59405 81-0231777	Post Secondary Education	MT	501(c)(3)	Line 2	Providence Health & Services		No
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
Providence Willamette Falls Medical Foundation 1500 Division Street Oregon City, OR 97045 93-1003750	Support Willamette Falls Hospital	OR	501(c)(3)	Line 11/Type I	PH & S - Oregon	Yes	
Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR 97031 93-0921990	Support Providence Hood River Memorial Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
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
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
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
Swedish Health Services 747 Broadway Seattle, WA 98122 91-0433740	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
Swedish Edmonds 21601 76th Ave W Edmonds, WA 98026 27-2305304	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
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
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Swedish MJM Holdings 747 Broadway Seattle, WA 98122 27-3139262	Holding Company	WA	501(c)(3)	Line 11/Type I	Swedish Health Services		No
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
Western HealthConnect 747 Broadway Seattle, WA 98122 45-4171900	Shell Corporation	WA	501(c)(3)	Line 11/Type II	PH&S Western Washington		No
Inland Northwest Health Services 601 W 1st Avenue Spokane, WA 99201 91-1307555	Healthcare	WA	501(c)(3)	Line 3	PH&S - Washington		No
Kadlec Regional Medical Center 888 Swift Blvd Richland, WA 99352 91-0655392	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
Kadlec Neurological Resource Center 1268 Lee Blvd Richland, WA 99352 91-1266345	Healthcare	WA	501(c)(3)	Line 9	Western HealthConnect		No
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
PacMed Clinics 1200 12th Ave S Seattle, WA 98144 56-2290878	Healthcare	WA	501(c)(3)	Line 9	Western HealthConnect		No
Seattle Science Foundation 550 17th Ave Seattle, WA 98122 61-1502822	Physician Collaboration	WA	501(c)(3)	Line 7	Western HealthConnect		No
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
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
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
Providence St Joseph Health 1801 Lind Avenue SW 9016 Renton, WA 98057 81-1244422	Shell Corporation	WA	501(c)(3)	Pending	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
Providence Imaging Center 3340 Providence Drive Anchorage, AK 99508 92-0118807	Medical Imaging	AK	N/A									
California Laboratory Associates LLC 501 Buena Vista Burbank, CA 91505 27-3888692	Outpatient Lab	CA	N/A									
Broadway Imaging LLC 500 W Broadway Missoula, MT 59802 52-2405971	Medical Imaging	MT	N/A									
Ctr for Med Imaging- Bridgeport LLC 4400 NE Halsey 495 Portland, OR 97213 26-0796953	Imaging - Diagnostics	OR	PH&S - OR	Related	377,610	863,742		No		Yes		75 000 %
Ctr for Med Imaging- Tanasbourne LLC 4400 NE Halsey 495 Portland, OR 97213 20-0477972	Imaging - Diagnostics	OR	PH&S - OR	Related	539,499	1,473,267		No		Yes		75 000 %
Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA 99202 27-0943279	Outpatient Lab	WA	N/A									
Portland Medical Imaging LLC 4400 NE Halsey 495 Portland, OR 97213 20-1054971	Imaging - Diagnostics	OR	PH&S - OR	Related	28,879	1,726,516		No		Yes		75 000 %
Oregon Advanced Imaging LLC 881 OHare Parkway Medford, OR 97504 45-0471748	Medical Imaging	OR	PH&S - OR	Related	2,072,527	5,722,432		No		Yes		70 000 %
Minor & James Medical PLLC 515 Minor Avenue 200 Seattle, WA 98104 91-1340223	Physician Clinic	WA	N/A									
Providence Surgery Center LLC 902 N Orange St Missoula, MT 59802 84-1401625	Ambulatory Surgery Center	MT	N/A									
Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897	Radiation Oncology	OR	PH&S - OR	Related	1,364,796	1,559,220		No		Yes		67 000 %
PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison Street Seattle, WA 98104 20-3132044	Medical Imaging	WA	N/A									
PacLab LLC 611 N Perry Spokane, WA 99202 91-1743952	Outpatient Lab	WA	N/A									
The Madison Spokane Inn LLC 15 West Rockwood Blvd Spokane, WA 99204 84-1606484	Hotel Services	WA	N/A									
Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR 97225 26-3638838	Ambulatory Surgery Center	OR	PH&S - OR	Related	910,106	2,872,789		No		Yes		51 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Providence Health Ventures Inc 4101 Torrance Blvd Torrance, CA 90503 33-0122216	Investment	CA	N/A	C					No
(1) Caron Health Corporation 510 W Front St Missoula, MT 59802 81-0486082	Medical Physician Service	MT	N/A	C					No
(2) 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
(3) Providence Physician Services Co 101 W 8th Ave TAF C-9 Spokane, WA 99204 91-1216033	Clinical/Medical Lab	WA	N/A	C					No
(4) Yakima Medical Arts Inc 611 N Perry 100 Spokane, WA 99202 91-0787963	Rental Real Estate	WA	N/A	C					No
(5) Bourget Health Services Inc PO Box 2687 Spokane, WA 99220 91-1354431	Clinical/Medical Lab	WA	N/A	C					No
(6) 1221 Madison Street Owners Assoc 747 Broadway Seattle, WA 98122 20-1954319	Owners' Association	WA	N/A	C					No
(7) Western HealthConnect Ventures Inc 1801 Lind Ave SW 9016 Renton, WA 98057 80-0953654	Investment	WA	N/A	C					No
(8) PHN Holdings 20555 Earl Street Torrance, CA 90503 46-1814184	Strategic Planning Services	CA	N/A	C					No
(9) Providence Health Network 20555 Earl Street Torrance, CA 90503 80-0886966	Prepaid Healthcare	CA	N/A	C					No

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Providence Benedictine Nursing Center Foundation	B	120,536	Cost
(1)	Providence Child Center Foundation	B	403,434	Cost
(2)	Providence Community Health Foundation	B	256,605	Cost
(3)	Providence Hood River Memorial Hospital Foundation	B	142,298	Cost
(4)	Providence Milwaukie Foundation	B	226,002	Cost
(5)	Providence Newberg Foundation	B	279,689	Cost
(6)	Providence Portland Medical Foundation	B	596,015	Cost
(7)	Providence Seaside Foundation	B	122,021	Cost
(8)	Providence St Vincent Medical Foundation	B	448,729	Cost
(9)	Providence Willamette Falls Foundation	B	165,866	Cost
(10)	Providence Benedictine Nursing Center Foundation	C	429,459	Cost
(11)	Providence Child Center Foundation	C	2,573,108	Cost
(12)	Providence Community Health Foundation	C	1,313,627	Cost
(13)	Providence Hood River Memorial Hospital Foundation	C	239,356	Cost
(14)	Providence Milwaukie Foundation	C	442,360	Cost
(15)	Providence Newberg Foundation	C	250,205	Cost
(16)	Providence Portland Medical Foundation	C	7,688,587	Cost
(17)	Providence Seaside Foundation	C	225,564	Cost
(18)	Providence St Vincent Medical Foundation	C	8,854,935	Cost
(19)	Providence Willamette Falls Foundation	C	904,862	Cost
(20)	Providence Plan Partners	J	6,756,427	Cost
(21)	Providence Plan Partners	O	86,633,266	Cost
(22)	Providence Plan Partners	Q	10,799,723	Cost
(23)	Providence Health Plan	Q	876,108	Cost
(24)	Providence Health Assurance	Q	58,992	Cost