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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

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 St Joseph Medical Center
Doing business as:
Number and street (or P O box if mail is not delivered to street address) Room/suite: 1801 Lind Avenue SW No 9016
City or town, state or province, country, and ZIP or foreign postal code: Renton, WA 980579016

D Employer identification number: 81-0463482

E Telephone number: (425) 525-3985

G Gross receipts \$ 30,091,851

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: 0928

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: http://montana.providence.org/hospitals/st-joseph

K Form of organization: Corporation Trust Association Other

L Year of formation: 1991

M State of legal domicile: MT

Part I Summary

| | | | |
|---|---|--|-------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Healthcare with special concern for the poor and vulnerable in Polson, MT | | |
| | 2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 14 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 14 | |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 345 | |
| | 6 Total number of volunteers (estimate if necessary) | 19 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 367,407 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | -133,569 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: 392,849 | Current Year: 655,103 |
| | 9 Program service revenue (Part VIII, line 2g) | 26,685,954 | 26,864,146 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,167 | 12,338 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,771,187 | 2,544,220 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 28,855,157 | 30,075,807 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 11,998 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 13,483,397 | 14,549,025 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ⁰ | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,923,800 | 17,950,315 |
| 18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25) | 23,419,195 | 32,514,780 | |
| 19 Revenue less expenses—subtract line 18 from line 12 | 5,435,962 | -2,438,973 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 17,871,343 | End of Year: 16,965,192 |
| | 21 Total liabilities (Part X, line 26) | 13,768,755 | 15,353,163 |
| | 22 Net assets or fund balances—subtract line 21 from line 20 | 4,102,588 | 1,612,029 |

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2016-11-15
Todd Hofheins EVP/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Sara Elizabeth J Hyre CPA
Preparer's signature: Sara Elizabeth J Hyre CPA
Date: _____
Check if self-employed PTIN: P00235495
Firm's name: Clark Nuber PS Firm's EIN: 91-1194016
Firm's address: 10900 NE 4th Suite 1700 Bellevue, WA 98004 Phone no: (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service Healthcare w/ special concern for the poor & vulnerable in Polson, MT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

| | |
|-----------|---|
| 4a | (Code) (Expenses \$ 10,466,107 including grants of \$ 0) (Revenue \$ 11,739,983) |
| | ACUTE CARE - OUTPATIENT2015 - 40,565 Patient VisitsIntroductionSt Joseph Medical Center is a 22 bed acute care hospital providing a wide range of medical services to the community without regard to the patient's ability to pay for these services Included in operations is a primary clinic practice and an assisted living facility OUR MISSION - As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship Heart Health MonthThe medical center once again offered the cardiac health profile for \$49, free lipid tests, and baseline EKGs for \$30 on Mondays, Wednesdays and Fridays Cafe Dieu offered heart healthy options, marked by the logo on the menu Employees were encouraged to wear red on National Wear Red Day A Nurse Educator volunteered her time to present free CPR classes for businesses or groups to honor Heart Health Month Celebrating 2015The core values of excellence and stewardship were evident in the exceptional clinical performance and strong financial outcomes achieved for the year, some of which were The medical center named one of the top 20 critical access hospitals for Best in Quality by the National Rural Hospital Association Providence Medical Group was the only region in Providence to reach 100% compliance by all providers for the meaningful use requirements required for achieving federal reimbursement funds Caregiver ClassesThe medical center partnered with the Western Montana Area IV Agency on Aging in offering a six-week class entitled "Powerful Tools for Caregivers" The sessions gave caregivers the tools to help avoid burnout Providence Mission to GuatemalaPH&S Western Montana caregivers joined other Providence teams and traveled this month to Chicaman, Guatemala, as part of Providence Health International They built fuel-efficient, ventilated stoves alongside families, reducing risks of child mortality due to respiratory illnesses Baby FairThe Nesting Place at the medical center held its third annual Baby Fair Providers were available to answer questions Tours of the Nesting Place were offered Raffle items from local merchants were presented, and new this year was an infant and maternity clothing exchange Mission ActivitiesMedical center caregivers created 15 Easter baskets to help raise money for the American Cancer Society and Lake County Relay for Life 100% in 100 DaysThe medical center embarked on a quest to have 100% of caregivers complete an advance care directive in 100 days This directive is a portion of Advance Care Planning, the process of coming to understand, reflect on, discuss and plan for a time when one cannot make their own medical decisions The process is crucial to assist those closest to one, and one's physicians, to provide the best care when the person cannot make their own decisions The document will speak for the person when they are no longer able to speak Through this process, the caregiver can create a plan The caregivers at the medical center would like to expand the program beyond the hospital walls and encourage members of the community to join in the advanced care dialogue The 100% in 100 days reflects the vision of Know Me, Care for Me, Ease My Way A facility physician spoke at the weekly Polson Rotary meeting He presented on the 100% in 100 days campaign at St Joseph's, informing the community about the importance of Advance Care Planning Lake House GroundbreakingMay 20 marked the ground breaking for a new psychiatric crisis stabilization home for Lake County, Montana The 8-bed facility is supported by the vision of the medical center, Providence Montana Health Foundation, Lake County, the Confederated Salish and Kootenai Tribes, The Greater Polson Community Foundation, the Yamada/Culpepper Fund of the Denver Foundation, the State of Montana, and the Western Montana Mental Health Center Representatives from these organizations spoke at the ceremony held on a beautiful sunny afternoon on the property just north of the medical center Its completion date was set for January 2016 Celebration of AccomplishmentsThe medical center caregivers celebrated the successful site visits for its trauma designation and the Joint Commission Relay for LifeMedical center caregivers and families participated in the 2015 American Cancer Society Relay for Life at the Ronan High School football field and track Thirty caregivers and their families dressed in their superhero costumes and walked and ran to help raise awareness about the battle against cancer Providence St Joseph Medical Center/Polson High School Student Intern Program12 Polson High School students began a year-long internship at Providence St Joseph Medical Center The students were chosen after an interview process The students will rotate through 16 different departments at St Joseph Medical Center, spending between one to two weeks in each department The students earn high school credit for participating in the program The internship program exposes the students to various career opportunities available in the health care field Providence St Joseph Medical Center providers and caregivers help share the necessary skills and knowledge needed to succeed in their particular field PinkaliciousProvidence St Joseph Medical Center in support of Breast Cancer Awareness Month held two Pinkalicious ladies' night out events OB/GYNs were on hand to answer questions and perform breast exams There was information about mammograms, educational materials, refreshments, a raffle and fun! Vouchers were available for uninsured patients Lakeshore Pharmacy Grand OpeningProvidence St Joseph Medical Center's new pharmacy, Lakeshore Pharmacy, held a grand opening celebration in October Polson Rotary TalkProvidence St, Joseph Medical Center Director of Nursing was the Polson Rotary's featured speaker in October She spoke on St Joes becoming a High Reliability Organization She expressed the importance of patient safety and quality |

| | |
|-----------|---|
| 4b | (Code) (Expenses \$ 7,571,392 including grants of \$ 0) (Revenue \$ 8,492,939) |
| | Primary Care - 36,525 VisitsSEE PART III, Line 4a |

| | |
|-----------|---|
| 4c | (Code) (Expenses \$ 6,313,366 including grants of \$ 0) (Revenue \$ 7,081,794) |
| | Acute Inpatient - 622 AdmissionsAcute Patient Days - 2,027SEE PART III, Line 4a |
| | See Additional Data |

| | |
|-----------|--|
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ 1,260,067 including grants of \$ 15,440) (Revenue \$ 1,396,117) |

| | |
|-----------|--|
| 4e | Total program service expenses ▶ 25,610,932 |
|-----------|--|

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and financial reporting.

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 | Yes | |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and health insurance issuers.

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 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | 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? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | 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? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15a | 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? | | No |
| 15b | The organization's CEO, Executive Director, or top management official | | No |
| 15b | Other officers or key employees of the organization | | No |
| 16a | 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? | | No |
| 16b | 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? | | |

Section C. Disclosure

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

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

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|--|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a _____ | | | | | |
| | b Membership dues 1b _____ | | | | | |
| | c Fundraising events 1c _____ | | | | | |
| | d Related organizations 1d _____ 129,166 | | | | | |
| | e Government grants (contributions) 1e _____ 524,944 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 993 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 655,103 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a Acute - Outpatient _____ | 621400 | 10,984,865 | 10,984,865 | | |
| | b Primary Care _____ | 621110 | 7,946,672 | 7,946,672 | | |
| | c Acute - Inpatient _____ | 622110 | 6,626,291 | 6,626,291 | | |
| | d LTC/Home Care _____ | 621610 | 1,306,318 | 1,306,318 | | |
| | e _____ | | | | | |
| | f All other program service revenue _____ | | | | | |
| g Total. Add lines 2a-2f ▶ | | 26,864,146 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 12,338 | | 12,338 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6a Gross rents | (i) Real | 35,823 | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | 16,044 | | | |
| | | c Rental income or (loss) | 19,779 | | | |
| | d Net rental income or (loss) ▶ | | 19,779 | | 19,779 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | | |
| | 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 | | 4,170 | | | | |
| | b Less cost of goods sold b | 0 | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 4,170 | | 4,170 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a Pharmacy Revenue _____ | 446110 | 2,107,179 | 1,739,772 | 367,407 | | |
| b Cafeteria _____ | 900099 | 212,406 | | | 212,406 | |
| c Managed Care _____ | 900099 | 106,915 | 106,915 | | | |
| d All other revenue | | 93,771 | | | 93,771 | |
| e Total. Add lines 11a-11d ▶ | | 2,520,271 | | | | |
| 12 Total revenue. See Instructions ▶ | | 30,075,807 | 28,710,833 | 367,407 | 342,464 | |

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 | 12,440 | 12,440 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 3,000 | 3,000 | | |
| 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 | 364,743 | | 364,743 | |
| 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 | 13,045,362 | 11,952,817 | 1,092,545 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 197,546 | 186,194 | 11,352 | |
| 9 | Other employee benefits | 52,413 | 46,759 | 5,654 | |
| 10 | Payroll taxes | 888,961 | 793,018 | 95,943 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 1,129 | | 1,129 | |
| c | Accounting | | | | |
| d | Lobbying | 613 | | 613 | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,600,698 | 2,445,272 | 155,426 | |
| 12 | Advertising and promotion | 37,369 | 37,369 | | |
| 13 | Office expenses | 1,055,261 | 941,369 | 113,892 | |
| 14 | Information technology | 32,202 | 29,947 | 2,255 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 492,288 | 369,216 | 123,072 | |
| 17 | Travel | 132,759 | 85,325 | 47,434 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 59,845 | 37,113 | 22,732 | |
| 20 | Interest | 420,634 | 420,037 | 597 | |
| 21 | Payments to affiliates | 8,197,704 | 3,667,775 | 4,529,929 | |
| 22 | Depreciation, depletion, and amortization | 935,677 | 701,758 | 233,919 | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | Medical Supplies | 3,292,872 | 3,292,872 | | |
| b | Bad Debts | 463,608 | 463,608 | | |
| c | Taxes & Licenses | 25,825 | 24,276 | 1,549 | |
| d | UBI Taxes | 12,883 | | 12,883 | |
| e | All other expenses | 188,948 | 100,767 | 88,181 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 32,514,780 | 25,610,932 | 6,903,848 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|---|-----------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,335 | 1 | 1,750 |
| | 2 Savings and temporary cash investments | 1,230,432 | 2 | 1,432,315 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 3,283,099 | 4 | 3,851,360 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 749,006 | 8 | 907,125 |
| | 9 Prepaid expenses and deferred charges | 48,038 | 9 | 54,231 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 24,052,257 | | |
| | b Less: accumulated depreciation | 10b 16,591,535 | 8,113,063 | 10c 7,460,722 |
| | 11 Investments—publicly traded securities | 1,988,975 | 11 | 1,986,893 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 254,481 | 13 | 215,063 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,202,914 | 15 | 1,055,733 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 17,871,343 | 16 | 16,965,192 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,840,577 | 17 | 1,214,657 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 126,000 | 19 | 114,562 |
| | 20 Tax-exempt bond liabilities | 8,714,312 | 20 | 8,163,769 |
| | 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 | 644,442 | 23 | 399,964 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 352 | 24 | 128 |
| | 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 | 1,443,072 | 25 | 5,460,083 |
| | 26 Total liabilities. Add lines 17 through 25 | 13,768,755 | 26 | 15,353,163 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,830,664 | 27 | 1,379,522 |
| | 28 Temporarily restricted net assets | 271,924 | 28 | 232,507 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 4,102,588 | 33 | 1,612,029 | |
| 34 Total liabilities and net assets/fund balances | 17,871,343 | 34 | 16,965,192 | |

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 | 30,075,807 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,514,780 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,438,973 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,102,588 |
| 5 | Net unrealized gains (losses) on investments | 5 | -12,171 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -39,415 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,612,029 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 81-0463482

Name: Providence St Joseph Medical Center

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

(Code) (Expenses \$ 1,244,627 including grants of \$ 0) (Revenue \$ 1,396,117)

LTC/Hospice/Housing & Assisted Living - 13,057 Days for Long-Term Care/Asst St Joseph Assisted Living is the first phase of St Joseph Retirement Community, a multi-phase senior retirement campus located on the grounds of St Joseph Hospital in Polson, MT The Assisted Living Center was thoughtfully designed with the purpose of creating a warm and comfortable atmosphere The library/living area is an irresistible gathering place where the warmth of fireplaces mingles with beautiful art and furnishings The centrally located dining room serves nutritious, home cooked meals three times a day in a pleasant and social environment The Assisted Living Program is based on the principles of choice, dignity, independence, privacy, individuality and homelike surroundings The program is designed for seniors who desire or need to have some additional personal assistance with managing their daily activities

(Code) (Expenses \$ 15,440 including grants of \$ 15,440) (Revenue \$ 0)

Grants & Allocations - Various grants were made to local organizations in an attempt to create healthier communities together This included funding for sports physical exams

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 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 | 0 10 64 90 | | | X | | | | 0 | 5,102,809 | 74,417 |
| Todd Hofheins EVP/CFO | 0 10 64 90 | | | X | | | | 0 | 970,092 | 295,713 |
| Cindy Strauss EVP/Chief Legal Officer | 0 10 59 90 | | | X | | | | 0 | 1,526,357 | 64,699 |
| James Kiser CEO/PSJMC | 45 00 0 00 | | | X | | | | 353,567 | 0 | 25,976 |
| Jeff Fee CE/Western MT Region | 10 00 40 00 | | | X | | | | 0 | 494,200 | 186,272 |
| Randy Axelrod MD - Thru 315 EVP/Clinical & Patient Services | 0 10 59 90 | | | | 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 | 0 10 59 90 | | | | X | | | 0 | 1,572,348 | 740,248 |
| Debbie Burton SVP/ Chief Nrsg Officer | 0 10 59 90 | | | | X | | | 0 | 683,302 | 55,602 |
| Debra Canales EVP/Chief People & Expenence Officer | 0 10 59 90 | | | | X | | | 0 | 1,650,655 | 458,130 |
| Gary Flaming SVP/Chief Risk Officer | 0 10 54 90 | | | | X | | | 0 | 518,559 | 91,255 |
| Jack Friedman - Thru 615 SVP/Accountable Care & Payor Relations | 0 10 49 90 | | | | X | | | 0 | 770,782 | 117,919 |
| Mark Gargett VP/Digital Integration | 0 10 49 90 | | | | X | | | 0 | 632,716 | 82,292 |
| Joel Gilbertson SVP, Comm Partnrsip & Ext Affairs | 0 10 59 90 | | | | X | | | 0 | 566,699 | 203,896 |
| Aaron Martin SVP/Strategy & Innovation | 0 10 64 90 | | | | X | | | 0 | 681,696 | 189,399 |
| Tom McDonagh VP/Chief Investment Officer | 0 10 57 90 | | | | X | | | 0 | 963,343 | 58,116 |
| Rhonda Medows MD EVP/Population Health | 0 10 59 90 | | | | X | | | 0 | 667,975 | 188,508 |

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 | | | |
| Jack Mudd SVP/Mission Leadership | 0 10 54 90 | | | | X | | | 0 | 632,418 | 88,850 |
| Janice Newell SVP/Chief Information Officer | 0 10 59 90 | | | | X | | | 0 | 1,535,323 | 37,767 |
| Harvey Smith SVP/Chief Customer Svc Officer | 0 10 49 90 | | | | X | | | 0 | 844,548 | 41,905 |
| Teresa Spalding VP/Revenue Cycle | 0 10 59 90 | | | | X | | | 0 | 691,899 | 45,132 |
| Greg Till VP/Chief Talent Officer | 0 10 59 90 | | | | X | | | 0 | 534,186 | 99,744 |
| Sharon Toncray SVP/HR Strat Partners | 0 10 54 90 | | | | X | | | 0 | 563,982 | 196,084 |
| Lisa Vance SVP/Clinical Program Services | 0 10 64 90 | | | | X | | | 0 | 786,086 | 51,186 |
| Mike Waters VP,CAO/Physician Services | 0 10 64 90 | | | | X | | | 0 | 517,949 | 126,125 |
| Craig Wnght MD SVP/Physician Services | 0 10 59 90 | | | | X | | | 0 | 2,795,040 | 125,380 |
| Michael Righetti MD Physician - Orthopedics | 50 00 0 00 | | | | | | | 711,045 | 0 | 25,140 |

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 | | | |
| Joseph Howard MD Physician | 50 00 0 00 | | | | | X | | 377,344 | 0 | 30,211 |
| Kenneth Galewynck MD Physician | 50 00 0 00 | | | | | X | | 374,049 | 0 | 21,098 |
| Kelly Bagnell MD Physician | 50 00 0 00 | | | | | X | | 331,731 | 0 | 29,451 |
| Jamie Straub MD Physician | 50 00 0 00 | | | | | X | | 323,869 | 0 | 32,526 |
| 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

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Providence St Joseph Medical Center

Employer identification number

81-0463482

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |
| 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

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

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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 St Joseph Medical Center | Employer identification number 81-0463482 |
|---|--|

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 border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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

- 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?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| | | No | |
| | Yes | | 613 |
| | | No | |
| | | No | |
| | | No | |
| | | No | 613 |
| | | No | |
| | | No | |

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 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
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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** Taxable amount of lobbying and political expenditures (see instructions)

| | |
|-----------|--|
| 1 | |
| 2a | |
| 2b | |
| 2c | |
| 3 | |
| 4 | |
| 5 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| Part II-B, Line 1 | Payment of dues to the Montana Hospital Association to represent healthcare interests with government entities |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Providence St Joseph Medical Center
Employer identification number
81-0463482

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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 | | 235,295 | | 235,295 |
| b Buildings | | 9,813,150 | 5,284,439 | 4,528,711 |
| c Leasehold improvements | | 714,150 | 621,562 | 92,588 |
| d Equipment | | 13,258,863 | 10,685,534 | 2,573,329 |
| e Other | | 30,799 | | 30,799 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 7,460,722 |

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 |
|------------------|-------------|
| | |
| | |
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| | |

Additional Data

Software ID:

Software Version:

EIN: 81-0463482

Name: Providence St Joseph Medical Center

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

| (a) Description | (b) Book value |
|------------------------------------|----------------|
| (1) Unamortized Bond Finance Costs | 61,947 |
| (2) Due from Affiliates | 14,100 |
| (3) CSV Life Insurance | 17,533 |
| (4) Third Party Settlements | 624,000 |
| (5) Resident Trust Fund | 522 |
| (6) Provider Tax Receivable | 336,000 |
| (7) Cash - Residents | 376 |
| (8) Trustee Held Funds | 1,255 |

**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 St Joseph Medical Center | Employer identification number 81-0463482 |
|--|---|

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|---------------|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a Yes | |
| b If "Yes," was it a written policy? | 1b Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> 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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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 | |

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) | | 676 | 1,176,838 | | 1,176,838 | 3 670 % |
| b Medicaid (from Worksheet 3, column a) | | 3,279 | 5,808,966 | 6,126,063 | -317,097 | 0 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | 1 | 2,376 | 1,205 | 1,171 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | | 3,956 | 6,988,180 | 6,127,268 | 860,912 | 3 670 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 250 | 5,025 | | 5,025 | 0 020 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | 200 | 69,016 | | 69,016 | 0 220 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | 1 | 4,837 | | 4,837 | 0 020 % |
| j Total Other Benefits | | 451 | 78,878 | | 78,878 | 0 260 % |
| k Total . Add lines 7d and 7j | | 4,407 | 7,067,058 | 6,127,268 | 939,790 | 3 930 % |

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 | | | | | |
| 2 | Economic development | | | | | |
| 3 | Community support | | | | | |
| 4 | Environmental improvements | | | | | |
| 5 | Leadership development and training for community members | | | | | |
| 6 | Coalition building | | | | | |
| 7 | Community health improvement advocacy | | | | | |
| 8 | Workforce development | | | | | |
| 9 | Other | | | | | |
| 10 | Total | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|--|-------|---------|
| 1 Did the organization report bad debt expense in accordance with 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 | 463,608 |
| 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 | 0 |
| 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 | 9,985,507 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 11,633,276 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -1,647,769 |
| 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information

Section A. Hospital Facilities

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

1

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

| See Additional Data Table | 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 |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | 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 | | 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) | Yes | |
| a | <input type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input type="checkbox"/> Demographics of the community | | |
| c | <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input type="checkbox"/> How data was obtained | | |
| e | <input type="checkbox"/> The significant health needs of the community | | |
| f | <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 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 | | No |
| 6b | 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 | 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) | Yes | |
| a | <input type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 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? | Yes | |
| 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? | | No |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| 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)

Providence St Joseph Medical Center

Name of hospital facility or letter of facility reporting group

- 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 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %
- b** Income level other than FPG (describe in Section C)
- c** Asset level
- d** Medical indigency
- e** Insurance status
- f** Underinsurance discount
- g** Residency
- h** Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? **14** Yes

15 Explained the method for applying for financial assistance? **15** Yes

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

- a** Described the information the hospital facility may require an individual to provide as part of his or her application
- b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility? **16** Yes

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

- a** The FAP was widely available on a website (list url)
- www2.providence.org/obp/docs/mt-charity-care-policy.pdf
- b** The FAP application form was widely available on a website (list url)
- www2.providence.org/obp/docs/financialassistancerequest(english).pdf
- c** A plain language summary of the FAP was widely available on a website (list url)
- www2.providence.org/obp/docs/financialassistancerequest(english).pdf
- d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h** Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? **17** Yes

- 18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP
- a** Reporting to credit agency(ies)
- b** Selling an individual's debt to another party
- c** Actions that require a legal or judicial process
- d** Other similar actions (describe in Section C)
- e** None of these actions or other similar actions were permitted

Part V Facility Information (continued)

Providence St Joseph Medical Center

Name of hospital facility or letter of facility reporting group

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?

| | Yes | No |
|-----------|-----|----|
| 19 | | No |

If "Yes," check all actions in which the hospital facility or a third party engaged

- a** Reporting to credit agency(ies)
- b** Selling an individual's debt to another party
- c** Actions that require a legal or judicial process
- d** Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 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?

| | | |
|-----------|-----|--|
| 21 | Yes | |
|-----------|-----|--|

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d** Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

| | | |
|-----------|--|----|
| 23 | | No |
|-----------|--|----|

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

| | | |
|-----------|--|----|
| 24 | | No |
|-----------|--|----|

If "Yes," explain in Section C

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 1 - Prov St Joseph Assisted Living Ctr 11 Seventeenth Ave East Polson, MT 59660 | Assisted Living |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part I, Line 3c | The PH&S sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with income between 101% and 400% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part I, Line 6a | In addition to providing its own smaller Community Benefit Report, St Joseph's Community benefit information is included in the consolidated report for Providence Health & Services Please see http //communitybenefit providence org/ |

| Form and Line Reference | Explanation |
|----------------------------|--|
| Part I, Line 7, Column (f) | The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 463,608 |

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

| Form and Line Reference | Explanation |
|-------------------------|----------------------|
| Part III, Line 2 | See Part III, Line 4 |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 4 | <p>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.</p> |

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

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 9b | <p>Billing and Collection Practices Providence has written policies about when and under whose authority patient debt is advanced for collection, and uses its best efforts to ensure that patient accounts are processed fairly and consistently Providence ensures that practices to be used by their outside (non-hospital) collection agencies conform to the standards set forth in this policy, and obtains written commitments from such agencies that they will adhere to those standards Providence also conducts an assessment of each collection agency's adherence to the policy Such assessments are conducted at least annually At time of billing, we provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital When sending a bill to a patient, Providence includes a) a statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the hospital, and b) a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about Providence's financial assistance policies for patients and how to apply for such assistance Any patient seeking financial assistance from Providence (or the patient's legal representative) provides the individual facility with information concerning health benefits coverage, financial status (i e income, assets) and any other information that is necessary for the hospital to make a determination regarding the patient's status relative to Providence's financial assistance policy, discounted payment policy, or eligibility for government-sponsored programs For patients who have an application pending determination for either government-sponsored coverage or for the hospitals own financial assistance program, Providence will not knowingly send that patient's bill to a collection agency Eligibility for financial assistance will be determined as closely as possible to the date of service</p> |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part VI, Line 2 | <p>We recognize that caring for the poor and vulnerable is not a task we can do on our own. On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need. This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities. To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys. Additionally, Providence ministries have community and foundation boards. The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs. Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another. Identified areas of need not only guide our community benefit giving, but also guide our strategic planning. We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care. In March 2014, a diverse group of community members (Steering committee) representing various organizations and populations within the community (e.g. public health, elderly, uninsured) came together first to discuss health concerns in the community and offer their perspective in designing the survey instrument prior to data collection. Through the Frontier Medicine Better Health Partnership (FMBHP) Medicare innovation grant, Providence St. Joseph Medical Center was able to partner with the Montana Office of Rural Health (MORH) and National Rural Health Resource Center (NRHRC) to facilitate development and distribution of surveys which were mailed out to the residents in Providence St. Joseph Medical Center's service area in June 2014. Additional paper surveys were available at the county library, county public health office and the hospital lobby. An online version was also distributed via email campaign and Providence St. Joseph Medical Center's Facebook page to capture the broadest audience possible. Finally, five focus group sessions were held at a variety of locations such as a local senior citizen center, public library and at a local, tribal owned power company's meeting hall. The Steering Committee and the Mission and Values Sub-Committee of the Providence St. Joseph Medical Center Board and the administrative team met as one group once and individually on numerous occasions for results review and discussion of the data. From the survey data, community input, recommendations from the steering committee and Mission and Values sub-committee, the Providence St. Joseph administrative team distilled four key items to focus community benefit efforts over the next three years. This was then developed into a community health implementation plan.</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 3 | <p>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. Hospital staff (financial counselors) are available to meet with patients or families to discuss their coverage options, concerns about billing and application support for programs that they may be eligible for. 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.</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 4 | <p>Providence St Joseph Medical Center is a 22 bed acute care, Joint Commission accredited, critical access hospital located on the Flathead Indian Reservation in Polson, Montana, which is about one and a half hours north of Missoula Providence St Joseph Medical Center provides community hospital care for the more than 28,000 residents of Lake County Providence St Joseph Medical Center serves a higher percentage of older adults, with 16% of the primary service area's population over the age of 65 With approximately 18% of the population living in poverty, the community is characterized by lower income levels than the national average The service area where Providence St Joseph Medical Center is located encompasses rural communities from Lake, Lincoln, Flathead and Sanders counties with approximately 147,000 residents living in an area of 12,967 square miles Each of these counties is designated a Mental Health Professional Shortage Area by the U S Department of Health & Human Services</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 5 | <p>Providence St Joseph Medical Center management is directed by a community ministry board which helps direct the hospital in its endeavors. The composition of the community ministry board represents the diversity of the community by having representatives from local government, social service agencies, medical providers, independent business representatives and interested community members. The St Joseph Medical Center Community Ministry Board of Directors reviews and develops the community benefit plan, providing information and insight into community needs and resources and helping set priorities for what community needs are to be addressed. They also receive regular updates on the overall community benefit strategy and specific programs to assess whether the organization is having an impact on the health of the community. The providers and staff and St Joseph Medical Center provide education to the broader community on certain health benefits, risks and preventative medicine and is provided at no cost. The hospital has been serving the needs of the community since 1916 and has expanded over the years in response to the growing population and changes in health care. As a ministry of Providence Health & Services, Providence St Joseph Medical Center participates in shared purchasing, information systems and financial management support that benefits the community hospital. Providence St Joseph Medical Center and Providence Medical group collectively build and support coordinated services across the continuum of care to meet regional residents' needs, while mutually supporting organizational, operational, and fiscal health. Joint ventures include research collaborations (cardiac, neuroscience and oncology) with the University of Montana, affiliations with long term care facilities, and the Indian Health services clinic, among others. Providence St Joseph Medical Center conducts local assessments to make sure the needs of the community are met. The community ministry board of directors oversees and approves the annual community benefit plan that addresses the health care disparities within the community. The community benefit plan is developed and reviewed annually to ensure that the proposed outcomes are being met. This plan is implemented in concert with others in the community to increase the accountability that we share with them to improve the health of our community and to not duplicate services. Access to mental health services is one of the top priorities of the community and St Joseph Hospital coordinates the Lake County crisis committee to address both the short and long term solutions. By collaborating with community groups, a new mental health crisis facility is being built, access to tele-psychiatry services in primary care as well as direct services from an LCSW and Advanced practice RN are now in place. Additional efforts are underway to minimize the impact of mothers delivering babies while under the influence of drugs and alcohol through the Best Beginning committee that St Joseph staff participate on.</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 6 | <p>Providence St Joseph Medical Center is a part of the Providence Health & Services Health System The Health System owns or operates 34 general acute care hospitals, three ambulatory care centers, six medical groups, six long term care facilities, seven homecare and hospice entities, five assisted living facilities, a high school, a university, 13 low income housing projects, the Health Plan, a health services contractor, two programs of all inclusive care for the elderly, and 23 controlled fundraising foundations The Health System provides inpatient, outpatient, primary care, and home care services in Alaska, Washington, Montana, Oregon, and Southern California The Health System operates these businesses primarily in the greater metropolitan areas of Anchorage, Alaska, Seattle, Spokane, Kennewick, and Olympia, Washington, Missoula, Montana, Portland and Medford, Oregon, and Los Angeles, California</p> |

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

Schedule H (Form 990) 2015

Additional Data

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

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?

1

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

1

Providence St Joseph Medical Center
6 Thirteenth Ave East
Polson, MT 59860
montana.providence.org/hospitals/
13223

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

X

X

X

X

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Providence St Joseph Medical Center

Employer identification number 81-0463482

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) Polson High School, 111 4th Avenue E, Polson, MT 59860; EIN 81-6000545; Government; 6,460; Donation for Sports Physicals.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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 | Providence St Joseph Medical Center has a long-standing relationship in the community with Polson High School. In an effort to support community health, the hospital provides annual physicals for the sports teams. |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

| | |
|---|--|
| Name of the organization Providence St Joseph Medical Center | Employer identification number 81-0463482 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|--|--|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed 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? | 4a | Yes | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No | | | | | | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed 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? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | 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? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | 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. | 7 | 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. | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

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

For each individual whose compensation must be reported 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 Part I, Line 1a. However, as part of Providence's philosophy of transparency, the narrative that follows relates to the compensation and benefits provided by the related organization. Providence Health & Services Expense Reimbursement Procedures include the following policies: First Class Travel or Charter Travel or Travel of Companions. Air travel is reimbursable for tourist or economy class and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled. Employees are encouraged to plan in advance to get available discounts. Airline frequent flyer upgrades will never be reimbursed. First class air travel will only be reimbursed when tourist or economy class air travel is not available and business travel is mandated by a supervisor. In the rare circumstance that an executive must fly on a first class full fare ticket, their senior level supervisor must approve this expense. Companion travel will only be reimbursed by the organization for travel related to relocation, and should not exceed two relocation-related visits, unless approved by the Executive Vice President/Chief People and Experience Officer. Spouse or Companion Travel: Travel expenses incurred by a PH&S employee's spouse or companion will not be reimbursed by PH&S unless the spouse or companion is required to, or invited to attend a PH&S System-sponsored meeting. These expenses may be considered a taxable benefit by the IRS and if so, will be included on the employee's W-2. During 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, Greg Till, Rhonda Medows, MD. The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation. Housing Allowance or Residence for Personal Use: Providence Health & Services provides housing allowances for purposes of relocation assistance only. Providence may pay temporary living expenses for the employee up to a maximum of 90 calendar days. Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services. The Executive Vice President/Chief People and Experience Officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances. Only in extenuating circumstances is housing extended beyond this six month period. During 2015, the following Listed Persons received relocation/housing program payments: Debra Canales, Greg Till, 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 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) Debra Canales a) SERP Earned but not Vested - \$432,239 6) Michael Butler a) SERP Earned but not Vested - \$590,423 b) SERP Interest Credit - \$84,804 7) Janice Newell a) SERP Vested but not Paid - \$772,706 b) SERP Interest Credit - \$4,758 8) Tom McDonagh a) SERP Vested but not Paid - \$323,732 b) SERP Interest Credit - \$5,950 c) Taxable CBRP Paid - \$5,569 9) 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 10) Jack Friedman a) Taxable SERP Earned but not Paid - \$69,453 b) SERP Interest Credit - \$54,261 11) Teresa Spalding a) Taxable SERP Earned but not Paid - \$245,180 b) Taxable CBRP Paid - \$2 12) Debbie Burton a) SERP Earned but not Paid - \$191,285 b) SERP Interest Credit - \$5,020 13) Aaron Martin a) SERP Earned but not Vested - \$170,424 14) Rhonda Medows a) SERP Earned but not Vested - \$164,484 15) Mark Gargett a) Taxable SERP Earned but not Paid - \$136,029 b) Taxable CBRP Paid - \$42 c) SERP Interest Credit - \$22,957 16) Jack Mudd a) SERP Earned but not Paid - \$67,957 b) SERP Interest Credit - \$42,960 17) Joel Gilbertson a) SERP Earned but not Vested - \$143,438 b) SERP Interest Credit - \$13,113 18) Sharon Toncray a) SERP Earned but not Vested - \$135,371 b) SERP Interest Credit - \$11,848 19) Greg Till a) SERP Earned but not Vested - \$65,670 20) Gary Flaming a) SERP Earned but not Paid - \$118,151 b) Non-Taxable SERP Earned - \$32 c) Taxable CBRP Paid - \$118 b) SERP Interest Credit - \$1,640 21) Mike Waters a) SERP Earned but not Vested - \$95,852 b) SERP Interest Credit - \$243 22) Jeff Fee a) SERP Earned but not Vested - \$124,891 b) SERP Interest Credit - \$18,417 23) Michael Righetti, MD a) Taxable CBRP Earned but not Paid - \$108,484 24) Joseph Howard, MD a) Taxable CBRP Earned but not Paid - \$3,612 25) John Fletcher a) Taxable SERP Paid - \$102,560 b) Non-Taxable SERP Paid - \$773 26) Jan Jones a) Taxable SERP Paid - \$106,169 b) SERP Interest Credit - \$8,197 |
| Part I, Lines 4a-b | SEVERANCE 1) John Fletcher - \$476,515 2) Jan Jones - \$653,292 3) Randy Axelrod - \$515,897 |
| 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: 81-0463482
Name: Providence St Joseph Medical Center

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Rod F Hochman MD President / CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,562,459 | 3,522,350 | 18,000 | 49,002 | 25,415 | 5,177,226 | 1,152,963 |
| 1 Todd HofheimsEVP/CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 704,452 | 247,640 | 18,000 | 269,139 | 26,574 | 1,265,805 | 0 |
| 2 Cindy Strauss EVP/Chief Legal Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 526,875 | 981,482 | 18,000 | 40,075 | 24,624 | 1,591,056 | 524,784 |
| 3 James KiserCEO/PSJMC | (i) | 205,025 | 130,342 | 18,200 | 11,175 | 14,801 | 379,543 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Jeff Fee CE/Western MT Region | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 366,600 | 109,600 | 18,000 | 163,616 | 22,656 | 680,472 | 0 |
| 5 Randy 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 | 23,825 | 1,452,330 | 0 |
| 6 Mike Butler President/Operations & Services | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,151,688 | 402,660 | 18,000 | 710,959 | 29,289 | 2,312,596 | 0 |
| 7 Debbie Burton SVP/ Chief Nrsg Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 365,287 | 300,015 | 18,000 | 31,695 | 23,907 | 738,904 | 0 |
| 8 Debra Canales EVP/Chief People & Experience Office | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 772,941 | 715,960 | 161,754 | 444,164 | 13,966 | 2,108,785 | 0 |
| 9 Gary Flaming SVP/Chief Risk Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 294,399 | 206,160 | 18,000 | 72,712 | 18,543 | 609,814 | 0 |
| 10 Jack Friedman - Thru 615 SVP/Accountable Care & Payor Relatio | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 364,689 | 388,093 | 18,000 | 103,565 | 14,354 | 888,701 | 0 |
| 11 Mark Gargett VP/Digital Integration | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 387,625 | 245,091 | 0 | 58,688 | 23,604 | 715,008 | 0 |
| 12 Joel Gilbertson SVP, Comm Partnrshp & Ext Affairs | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 421,859 | 126,840 | 18,000 | 181,114 | 22,782 | 770,595 | 0 |
| 13 Aaron Martin SVP/Strategy & Innovation | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 512,696 | 151,000 | 18,000 | 182,349 | 7,050 | 871,095 | 0 |
| 14 Tom McDonagh VP/Chief Investment Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 451,242 | 512,101 | 0 | 34,150 | 23,966 | 1,021,459 | 0 |
| 15 Rhonda Medows MD EVP/Population Health | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 524,152 | 100,000 | 43,823 | 176,410 | 12,098 | 856,483 | 0 |
| 16 Jack Mudd SVP/Mission Leadership | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 394,530 | 220,747 | 17,141 | 70,632 | 18,218 | 721,268 | 0 |
| 17 Janice Newell SVP/Chief Information Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 578,517 | 938,806 | 18,000 | 23,307 | 14,460 | 1,573,090 | 185,427 |
| 18 Harvey Smith SVP/Chief Customer Svc Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 591,345 | 235,203 | 18,000 | 23,818 | 18,087 | 886,453 | 0 |
| 19 Teresa Spalding VP/Revenue Cycle | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 328,808 | 345,091 | 18,000 | 32,190 | 12,942 | 737,031 | 0 |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 Greg Till VP/Chief Talent Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 374,064 | 159,900 | 222 | 77,595 | 22,149 | 633,930 | 0 |
| 1 Sharon 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 |
| 2 Lisa 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 |
| 3 Mike Waters VP,CAO/Physician Services | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 398,289 | 119,660 | 0 | 114,645 | 11,480 | 644,074 | 0 |
| 4 Craig 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 |
| 5 Michael Righetti MD Physician - Orthopedics | (i) | 561,561 | 149,484 | 0 | 13,912 | 11,228 | 736,185 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Joseph Howard MD Physician | (i) | 288,672 | 88,672 | 0 | 11,925 | 18,286 | 407,555 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Kenneth Galewyrick MD Physician | (i) | 294,594 | 79,455 | 0 | 11,925 | 9,173 | 395,147 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Kelly Bagnell MD Physician | (i) | 262,811 | 50,920 | 18,000 | 12,088 | 17,363 | 361,182 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Jamie Straub MD Physician | (i) | 278,762 | 45,107 | 0 | 12,918 | 19,608 | 356,395 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 John 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 |
| 11 Jan Jones Former SVP/CAO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 106,169 | 653,292 | 8,197 | 25,789 | 793,447 | 0 |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

Providence St Joseph Medical Center

Employer identification number

81-0463482

Part I Bond Issues

Table with columns: (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. Row 1: Montana Facility Finance Authority, 81-0302402, 61204KCB5, 06-22-2006, 10,580,455, Refunded Series 1999 Bonds - 7/20/99, Refunded Series 2002 Bonds - 8/7/02.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-13 detailing bond proceeds: Amount of bonds retired (2,085,000), Total proceeds of issue (10,580,458), Issuance costs from proceeds (113,191), Other spent proceeds (10,467,266), Year of substantial completion (2002).

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2: Was the organization a partner in a partnership... (No), Are there any lease arrangements... (No).

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) 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 St Joseph Medical Center

Employer identification number
81-0463482

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

| 1 (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|--|--------------------------|---|--|----------------------|-----------------------------------|---|
|--|--------------------------|---|--|----------------------|-----------------------------------|---|

| | Yes | No |
|---|-----------|----|
| 2 Did or will any officer, director, trustee, or key employee of the organization | | |
| a Become a director or trustee of a successor or transferee organization? | 2a | |
| b Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | |
| c Become a direct or indirect owner of a successor or transferee organization? | 2c | |
| d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? | 2d | |
| e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶ | | |

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

| | | | | |
|-----------|--|-----------|-----|----|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 | Yes | No |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a | | |
| b | If "Yes," did the organization provide such notice? | 4b | | |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | 5 | | |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a | | |
| b | If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? | 6b | | |
| c | If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III | | | |

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|--|--|
| | Expenses in Excess of Revenues | 12-31-2015 | 2,438,973 | Actual Cost | | | |

| | | | | |
|----------|--|-----------|------------|-----------|
| 2 | Did or will any officer, director, trustee, or key employee of the organization | | Yes | No |
| a | Become a director or trustee of a successor or transferee organization? | 2a | | No |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | | No |
| c | Become a direct or indirect owner of a successor or transferee organization? | 2c | | No |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d | | No |
| e | If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ► | | | |

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|--|--|
| SCHEDULE N, PART II - TRANSACTION EXPENSES PAID | Due to a change in the Health System method of recording System Office Assessments, the expenses reported as Payments to Affiliates previously had not been allocated to this organization. This organization is not ceasing operations. |

**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 St Joseph Medical Center**Employer identification number**

81-0463482

Return Reference**Explanation**

Form 990, Part VI, Section A, line 6

The sole Corporate Member of the Corporation is St Patrick Hospital and Health Sciences Center

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, line 7a | The powers of the Corporate Member include the provision to appoint the number of Directors, appoint the Board of Directors and to remove such Directors at any time with or without cause. Additionally, the Member may appoint and remove the President/CEO with or without cause after consultation with the Board. |

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

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

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

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

| Return Reference | Explanation |
|--------------------|--|
| Form 990, Part VII | James Kiser - 6 Thirteenth Avenue E , Polson, MT 59860 |

| Return Reference | Explanation |
|---------------------------|--|
| Form 990, Part XI, line 9 | Recipient Organization Adjustment -39,418 Rounding 3 |

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

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

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART I, LINE 6 - VOLUNTEERS | <p>Volunteers provided over 1,528 5 hours of service to the organization including Gift Shop Greet gift shop visitors and facilitate their purchase of merchandise at the gift shop Oncology To act as hostess or host to patients and families at the Cancer Clinic Duties include taking lab draw s to the main lab, escorting patients to exam rooms, making copies, taking appointment cards to patients Surgery Department To act as hostess or host to patients and families at the Surgery Department waiting room desk Serves as a liaison between the waiting room and the Surgery Department Medical Records Services To assist the Health Information Management Representative and the Medical Records Office Cardiopulmonary Rehab Greet the patients and assist the staff when needed to provide excellent service to our patients No One Dies Alone/Compassionate Companion Services The volunteer provides a compassionate presence to the dying person who is expected to pass away within 24 to 48 hours Ear, Nose, and Throat Clinic (Glacier Ear, Nose, and Throat) Greet and check-in patients, organize paperwork, and help new patients fill out paperwork</p> |

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

| Return Reference | Explanation |
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| FORM 990, PART V, LINE 1 - ISSUANCE OF FORM 1099 | All 1099s for 2015 were issued by Providence Health & Services - WA #51-0216586 Therefore, none are shown for the reporting organization |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Providence St Joseph Medical Center

Employer identification number

81-0463482

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | Yes | |
| 1p | Yes | |
| 1q | | No |
| 1r | | No |
| 1s | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|------------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | 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 & Services - Oregon 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216587 | Healthcare System | OR | 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 | | No |
| Providence Health Plan 4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097 | Health Service Contractor | OR | 501(c)(4) | N/A | Providence Plan Partners | | No |
| Providence Health Assurance 4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701 | Medicaid Healthcare Provider | OR | 501(c)(4) | N/A | Providence Health Plan | | No |
| 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 | | No |
| 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 |

| 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 Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491 | Supportive Housing | OR | 501(c)(3) | Line 9 | PH & S - Oregon | | 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 | | No |
| Providence Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR 97138 93-0927320 | Support Providence Seaside Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504 93-0692907 | Support Providence Medford Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR 973629532 91-1940286 | Support Providence Benedictine Nursing Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 972132967 93-1231494 | Support Providence Portland Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR 97225 93-0575982 | Support Providence St Vincent Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222 94-3079515 | Support Providence Milwaukie Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| Providence Child Center Foundation 830 NE 47th Portland, OR 97213 93-0800140 | Support Providence Child Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| 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 |

| 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 |
| 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 |
| 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 |
| 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 | | No |
| Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR 97031 93-0921990 | Support Providence Hood River Memorial Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| 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 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 |