efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PROVIDENCE HEALTH & SERVICES - OREGON

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1801 Lind Avenue SW No 9016

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Renton, WA 980579016

D Employer identification number
51-0216587

E Telephone number
(425) 525-3985

G Gross receipts $ 4,339,553,341

F Name and address of principal officer
Mike Butler
1801 Lind Avenue SW No 9016
Renton, WA 980579016

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ oregon providence org

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

L Year of formation 1986

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Healthcare with special concern for the poor and vulnerable in Oregon

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	22,213
6	Total number of volunteers (estimate if necessary)	**6**	3,055
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,465,895
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,762,310

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	86,454,606	73,400,092
9	Program service revenue (Part VIII, line 2g)	1,640,764,996	3,006,853,429
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,964,464	9,657,595
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,290,779,885	192,284,547
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,030,963,951	3,282,195,663
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,822,833	9,063,734
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,292,152,458	1,441,115,363
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,653,110		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,656,881,451	1,817,242,725
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,956,856,742	3,267,421,822
19	Revenue less expenses Subtract line 18 from line 12	74,107,209	14,773,841

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,077,440,440	3,118,368,414
21	Total liabilities (Part X, line 26)	632,128,259	587,172,994
22	Net assets or fund balances Subtract line 21 from line 20	2,445,312,181	2,531,195,420

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: 2018-01-19

Jo Ann Escasa-Haigh EVP/CFO - Operations
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Sara Elizabeth J Hyre CPA	Sara Elizabeth J Hyre CPA			P00235495

Firm's name ▶ Clark Nuber PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4th Suite 1400
Bellevue, WA 98004

Phone no (425) 454-4919

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,136,685,658 including grants of $ 0) (Revenue $ 839,454,660)
See Additional Data

4b (Code) (Expenses $ 832,069,009 including grants of $ 0) (Revenue $ 614,491,969)
See Additional Data

4c (Code) (Expenses $ 372,100,137 including grants of $ 0) (Revenue $ 1,298,730,521)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 357,357,054 including grants of $ 9,063,734) (Revenue $ 257,218,387)

4e **Total program service expenses ▶** 2,698,211,858

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,288		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	22,213		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9	Yes	

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Karl E Fritschel CPA 1801 Lind Ave SW 9016 Renton, WA 980579016 (425) 525-3339

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,483,761	38,815,192	4,650,105

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3,051

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Andersen Construction Co Inc PO Box 6712 Portland, OR 97228	Construction Services	27,616,958
Emergency Specialists of OR PO Box 742528 Dallas, TX 75374	Staffing	4,725,785
OR Clinic PC 847 NE 19th Ave Ste 300 Portland, OR 97232	Staffing	4,031,328
Howard S Wright Construction 2566 NW Irving St Ste 400 Portland, OR 97209	Construction Services	3,348,784
Cross Country Staffing Inc 5201 Congress Ave Boca Raton, FL 33487	Staffing	3,194,763

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 280

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 3,547				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d 22,835,596				
e Government grants (contributions)	1e 33,770,228				
f All other contributions, gifts, grants, and similar amounts not included above	1f 16,790,721				
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a-1f		73,400,092			
Program Service Revenue	Business Code				
2a Acute Care	900099	835,889,189	835,889,189		
b Pharmacy	446110	759,672,506	757,096,527	2,575,979	
c Primary Care	621110	611,881,996	611,881,996		
d Laboratory	621500	539,058,015	530,795,865	8,262,150	
e LTC/HomeCare/Hospice	900099	256,125,886	256,125,886		
f All other program service revenue		4,225,837	4,225,837		
g **Total.** Add lines 2a-2f		3,006,853,429			
3 Investment income (including dividends, interest, and other similar amounts)		16,902,410			16,902,410
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		800,000			800,000
	(i) Real	(ii) Personal			
6a Gross rents	49,845,614				
b Less rental expenses	31,271,744				
c Rental income or (loss)	18,573,870				
d Net rental income or (loss)		18,573,870			18,573,870
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	981,940,594	3,220,519			
b Less cost or other basis and sales expenses	991,749,587	656,341			
c Gain or (loss)	-9,808,993	2,564,178			
d Net gain or (loss)		-7,244,815			-7,244,815
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a 45,015,117				
b Less cost of goods sold	b 33,680,006				
c Net income or (loss) from sales of inventory		11,335,111		3,627,766	7,707,345
Miscellaneous Revenue	Business Code				
11a IAF - Contracted Svcs	900099	120,991,113			120,991,113
b Recovery/Discounts	900099	21,206,616			21,206,616
c Cafeteria	900099	15,653,911			15,653,911
d All other revenue		3,723,926	3,042,108		681,818
e **Total.** Add lines 11a-11d		161,575,566			
12 **Total revenue.** See Instructions		3,282,195,663	2,999,057,408	14,465,895	195,272,268

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,063,734	9,063,734		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,959,614		3,959,614	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,308,721,780	1,136,292,574	172,429,206	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,684,880	25,773,781	3,911,099	
9 Other employee benefits	9,315,170	8,087,860	1,227,310	
10 Payroll taxes	89,433,919	77,650,651	11,783,268	
11 Fees for services (non-employees)				
a Management				
b Legal	1,377,299	524,601	852,698	
c Accounting	16,075		16,075	
d Lobbying	250,713		250,713	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,563,494		1,563,494	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	231,056,899	211,756,103	19,300,796	
12 Advertising and promotion	2,926,867	405,497	2,521,370	
13 Office expenses	56,014,188	33,857,641	22,156,547	
14 Information technology	2,598,236	2,167,116	431,120	
15 Royalties . .				
16 Occupancy	58,600,649	45,708,506	12,892,143	
17 Travel	6,269,854	4,963,309	1,306,545	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	5,140,598	3,866,500	1,274,098	
20 Interest	5,425,865	5,425,865		
21 Payments to affiliates	742,984,348	465,055,669	277,928,679	
22 Depreciation, depletion, and amortization . .	89,350,339	69,693,264	19,657,075	
23 Insurance . . .	190,635	148,695	41,940	
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	555,633,338	555,633,338		
b Provider Tax Expense	13,670,950	13,670,950		
c Bad Debts	11,817,582	11,817,582		
d UBI Taxes	1,058,529		1,058,529	
e All other expenses	31,296,267	16,648,622	11,994,535	2,653,110
25 **Total functional expenses.** Add lines 1 through 24e	3,267,421,822	2,698,211,858	566,556,854	2,653,110
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,524,925	1	17,716,645
	2	Savings and temporary cash investments	178,346,393	2	185,068,091
	3	Pledges and grants receivable, net	6,053,605	3	2,805,403
	4	Accounts receivable, net	356,486,393	4	368,286,923
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,572,429	7	1,299,701
	8	Inventories for sale or use	37,266,593	8	42,907,923
	9	Prepaid expenses and deferred charges	22,913,802	9	27,721,025
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,927,722,376			
	b	Less accumulated depreciation — 10b: 1,902,590,365	1,030,285,162	10c	1,025,132,011
	11	Investments—publicly traded securities	979,983,837	11	972,640,065
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	305,418,778	13	324,482,979
	14	Intangible assets	3,444,058	14	4,601,589
	15	Other assets See Part IV, line 11	152,144,465	15	145,706,059
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,077,440,440	16	3,118,368,414
Liabilities	17	Accounts payable and accrued expenses	199,341,214	17	225,516,385
	18	Grants payable		18	
	19	Deferred revenue	20,996,430	19	18,866,359
	20	Tax-exempt bond liabilities	293,135,000	20	265,290,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	652,636
	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	27,924,029	23	27,189,813
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	90,731,586	25	49,657,801
	26	**Total liabilities.** Add lines 17 through 25	632,128,259	26	587,172,994
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,335,707,025	27	2,404,452,521
	28	Temporarily restricted net assets	75,895,106	28	89,162,566
	29	Permanently restricted net assets	33,710,050	29	37,580,333
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,445,312,181	33	2,531,195,420
	34	Total liabilities and net assets/fund balances	3,077,440,440	34	3,118,368,414

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,282,195,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,267,421,822
3	Revenue less expenses Subtract line 2 from line 1	3	14,773,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,445,312,181
5	Net unrealized gains (losses) on investments	5	47,617,550
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	23,491,848
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,531,195,420

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990 (2016)

Form 990, Part III, Line 4a:

Acute CareOutpatient Visits 3,318,895Inpatient Days 294,866Inpatient Admissions 66,414OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship OUR COMMITMENTAs a not-for-profit health care ministry, Providence Health & Services - Oregon embraces our responsibility to respond to the needs of people in our communities, especially the poor and vulnerable This commitment, this Mission rooted in God's love for all, began with the Sisters of Providence more than 160 years ago The Heart of our MissionWe focus our community benefit outreach on four specific populations These are low-income and uninsured people, diverse populations, older citizens, and people with behavioral needs Our outreach can range from covering the medical bills of a husband and father disabled by diabetes, to financially supporting a nonprofit that embraces older refugees and immigrants During these hard economic times in our neighborhoods and our nation, we reinforce our commitments to caring for the poor and vulnerable This compassionate caring is, and always has been, the heart of our Mission Providence Health & Services - Oregon is a not-for-profit network of hospitals, care centers, health plans, physicians, home health services, clinics and other services We continue a tradition of caring that the Sisters of Providence began in the West 160 years ago Our facilities include Providence St Vincent Medical Center, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Willamette Falls Medical Center, Providence Newberg Medical Center, Providence Seaside Hospital, Providence Medford Medical Center, Providence Child Center, Providence Elderplace, Providence Benedictine Nursing Center, Providence Home and Community Services, Providence Health Plans, Providence Medical Group clinics, Providence Graduate Medical Education clinics, Providence North Coast clinics and Providence Hood River clinics Research CentersProvidence physicians, scientists and research teams participate in basic research, applied research and clinical trial research They have achieved national recognition for their work, some of which has led to revolutionary changes in health care *Brain & Spine Institute*Center for Outcomes Research and Education*Earle A Chiles Research Institute, Robert W Franz Cancer Research Center*Heart & Vascular Institute*Orthopedics Research Institute*Women and Children's Health Research CenterThe ministries of Providence in Oregon have a shared vision to create an experience of connected care for each patient We also work to achieve the Triple Aim, which calls us to *Improve our population's health*Give our patients the best care experience*Make sure our services are affordableIn 2016, Providence in Oregon *Operated eight hospitals, more than 90 clinics and two neonatal intensive care units*Provided primary, preventive and specialty care to over 2 1 million children and adults*Cared for 288,701 emergency patients*Gave 485,270 home health and hospice visits/days of care to community residents

Form 990, Part III, Line 4b:

Primary Care Visits 2,147,213See Line 4a Narrative

Form 990, Part III, Line 4c:

Laboratory and Pharmacy services provided to patients See Line 4a Narrative

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

(Code) (Expenses $ 348,293,320 including grants of $ 0) (Revenue $ 257,218,387)

Long-Term Care, Homecare, Hospice, Housing & Assisted Living LTC Patient Days - 45,446, Housing & Assisted Living Days - 144,798Hospice services in rural area Providence Hood River Memorial Hospital, a critical access facility, has expanded hospice care to serve residents in the Columbia Gorge area

(Code) (Expenses $ 9,063,734 including grants of $ 9,063,734) (Revenue $ 0)

Grants & Allocations to Community Organizations - See Schedule I

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Blair Chair - Eff 7/16	1 00 3 70	X		X				0	30,180	0
Dave Olsen Vice Chair - Eff 7/16	1 00 4 60	X		X				0	24,135	0
Dick P Allen Director - Eff 7/16	1 00 1 10	X						0	15,180	0
Isiaah Crawford Director	1 00 3 20	X						0	24,360	0
Sister Lucille Dean SP Director - Eff 7/16	1 00 1 20	X						0	0	0
Sister Diane Hejna CSJ RN Director - Eff 7/16	1 00 1 00	X						0	0	0
Michael Holcomb Director /Chair Thru 6/16	1 00 4 40	X		X				0	45,360	0
Phyllis Hughes RSM Director	1 00 4 10	X						0	0	0
Sallye Liner Director	1 00 3 80	X						0	20,360	0
Mary Lyons PhD Director - Eff 7/16	1 00 0 60	X						0	15,180	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			
Walter Noce Jr Director - Eff 7/16	1 00 1 10	X						0	15,180	0
Carolina Reyes MD Director	1 00 3 70	X						0	22,860	0
Phoebe Yang Director - Eff 7/16	1 00 1 10	X						0	12,680	0
Fr Tom Kopfensteiner Director - Res 12/16	1 00 1 10	X						0	6,400	0
Chauncey Boyle SP Director - Thru 6/16	1 00 2 20	X						0	0	0
Marian Schubert CSJ Director - Thru 6/16	1 00 1 90	X						0	0	0
Michael A Stein Director - Thru 6/16	1 00 2 20	X						0	7,680	0
Eugene Al Parrish Director - Thru 6/16	1 00 1 90	X						0	7,680	0
Bob Wilson Director - Thru 6/16	1 00 2 00	X						0	9,120	0
Martha Diaz Aszkenazy Director - Thru 6/16	1 00 3 00	X						0	9,180	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			
Kirby McDonald Director - Thru 6/16	1 00 1 90	X						0	7,680	0
Charles Chuck Watts Director - Thru 6/16	1 00 1 90	X						0	9,180	0
Rod F Hochman MD President / CEO - Thru 6/16	12 00 53 00			X				0	4,060,921	43,543
Mike Butler President - Eff 7/16	11 00 49 00			X				0	6,906,693	349,633
Todd Hofheins EVP/CFO /Treas Thru 11/16	11 00 49 00			X				0	1,571,440	60,670
Jo Ann Escasa-Haigh Interim CFO/Treasurer	9 00 41 00			X				0	755,416	168,190
Cindy Strauss EVP/Chief Legal Officer	11 00 49 00			X				0	1,462,780	58,266
Dave Underriner CE/OR Region	53 00 12 00			X				0	1,124,041	162,933
William Olson VP/Financial Operations - OR	41 00 9 00			X				0	687,387	59,809
Debra Canales EVP/CAO	11 00 49 00				X			0	2,092,357	611,609

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janice Newell SVP/Chief Information Officer	11 00 49 00				X			0	1,137,493	34,098
Joel Gilbertson SVP/Community Partnerships	11 00 49 00				X			0	842,027	247,847
Orest Holubec SVP/Chief Comm /Ext Affairs Officer	10 00 45 00				X			0	782,688	207,806
Greg Till VP/Chief Talent Officer	12 00 53 00				X			0	776,011	122,367
Sharon Toncray SVP / Chief Labor Employee Counsel	11 00 49 00				X			0	764,977	243,728
Jack Mudd - Thru 316 SVP/Mission Leadership	0 00 29 00				X			0	718,728	157,778
Paul Stoddart - Thru 916 VP/Marketing	10 00 45 00				X			0	641,423	22,381
Theron Park CEO/Oregon Delivery System	50 00 0 00				X			0	650,723	180,645
David Brown VP/Strategy & Business Development	10 00 45 00				X			0	700,461	226,430
Debbie Burton SVP/ Chief Nrsg Officer	11 00 49 00				X			0	713,480	90,015

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			
Mary Cranstoun VP/Total Rewards	11 00 49 00				X			0	663,031	114,417
Aaron Martin SVP/Strategy & Innovation	12 00 58 00				X			0	852,934	219,285
Tom McDonagh VP/Chief Investment Officer	11 00 47 00				X			0	849,462	53,521
Rhonda Medows MD EVP/Population Health	11 00 49 00				X			0	1,565,700	320,279
Harvey Smith SVP/Chief Customer Svc Officer	9 00 41 00				X			0	1,226,156	23,791
Doug Koekkoek CEO/OMG/Patient Services	50 00 0 00				X			0	956,711	83,983
Lisa Vance SVP/Clinical Program Services	11 00 49 00				X			0	1,220,348	125,445
Mike Waters VP,CAO/Physician Services	12 00 53 00				X			0	703,777	184,023
Amy Compton-Phillips EVP/Chief Clinical Officer	10 00 45 00				X			0	1,113,493	278,894
Erin Allen Physician - Dermatology	40 00 0 00					X		960,316	0	41,381

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Walter Urba Administrator/Clinical Research	40 00 0 00					X		828,316	0	45,148
Jeffrey Swanson Surgeon - Cardiology	40 00 0 00					X		869,238	0	29,099
Gary Ott Surgeon - Cardiology	40 00 0 00					X		913,284	0	29,911
Emery Douville Med Director - Surgical Program	40 00 0 00					X		912,607	0	32,725
Craig Wright MD Former - SVP/Physician Services	0 00 0 00						X	0	1,119,939	20,455
Jack Friedman - Former SVP/Accountable Care & Payor Rel	0 00 0 00						X	0	299,327	0
Randy Axelrod MD - Former EVP/Clinical & Patient Services	0 00 0 00						X	0	1,419,333	0
Doug Walta Former - CE / Clinical Programs	0 00 0 00						X	0	153,540	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

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

2016

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	Employer identification number
PROVIDENCE HEALTH & SERVICES - OREGON	51-0216587

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		147,097
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		103,616
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?		No	
j	Total Add lines 1c through 1i			250,713
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Lobbying activity includes * Analysis of early draft legislation for 2017 Oregon Legislative Session * Visits, calls, e-mails, and letters to state legislators, legislative bodies, and members of Congress * Visits, calls, e-mails, and letters to legislative staff and government officials * Discussions and meetings with lobbyists * Ongoing analysis of legislation during the 2016 Legislative Session * Attending state, federal and local government hearings and meetings in the Portland area Ballot measures * During 2016, Providence in Oregon did not engage in discussions on any state and local government ballot measures We did engage in preliminary discussions on prospective initiative petitions which were ultimately withdrawn * We contributed financially to school district and community health ballot measures, but did not engage in advocacy

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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" on 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		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	41,621,348	68,551,036		110,172,384
b Buildings	4,745,770	1,284,739,913	807,583,432	481,902,251
c Leasehold improvements		51,244,194	37,604,568	13,639,626
d Equipment		872,892,565	772,544,072	100,348,493
e Other		603,927,550	284,858,293	319,069,257
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,025,132,011

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Joint Ventures	23,283,605	C
(2) Investment in Foundations	301,199,374	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	324,482,979	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Resident Trust Funds	189,082
LT Asset Retirement Obligation - FIN 47	2,837,970
Third Party Reserves	7,759,916
Bond Premium Discount	8,308,692
Capitalized Lease Obligations	55,133
Pension Benefit Obligation	11,214,517
EHR Incentive Settlement Payable	623,817
Due To Affiliates	18,668,674
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	49,657,801

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
Resident Trust Funds	189,082
LT Asset Retirement Obligation - FIN 47	2,837,970
Third Party Reserves	7,759,916
Bond Premium Discount	8,308,692
Capitalized Lease Obligations	55,133
Pension Benefit Obligation	11,214,517
EHR Incentive Settlement Payable	623,817
Due To Affiliates	18,668,674

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	The organization is the custodian for ElderPlace resident funds These funds are held on b ehalf the of the residents for their utilization on incidental expenses The amount of fun ds is reported as an asset and as a liability

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			221,038
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			221,038

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Fundraising	Not Applicable	88,293
East Asia and the Pacific	0	0	Fundraising	Not Applicable	132,745

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

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

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		17,280	36,310,043		36,310,043	1 120 %
b Medicaid (from Worksheet 3, column a)		224,255	459,094,285	314,806,072	144,288,213	4 430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		241,535	495,404,328	314,806,072	180,598,256	5 550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		197,899	7,468,983	723,685	6,745,298	0 210 %
f Health professions education (from Worksheet 5)		1,737	23,934,231	8,998,556	14,935,675	0 460 %
g Subsidized health services (from Worksheet 6)		4,700	20,190,804	2,949,932	17,240,872	0 530 %
h Research (from Worksheet 7)		445	28,040,133	17,756,560	10,283,573	0 320 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		137,192	6,298,304	754,486	5,543,818	0 170 %
j **Total.** Other Benefits		341,973	85,932,455	31,183,219	54,749,236	1 690 %
k **Total.** Add lines 7d and 7j		583,508	581,336,783	345,989,291	235,347,492	7 240 %

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		15	22,000	900	21,100	0 %
2 Economic development		185	12,066	3,900	8,166	0 %
3 Community support		6,593	376,360	70,800	305,560	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members		1,226	73,143	26,060	47,083	0 %
6 Coalition building		1,273	186,253	47,800	138,453	0 %
7 Community health improvement advocacy		2,707	162,837	1,500	161,337	0 %
8 Workforce development		543	217,554	7,800	209,754	0 010 %
9 Other		25	2,500		2,500	0 %
10 Total		12,567	1,052,713	158,760	893,953	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	11,817,582		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	896,522,033	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,132,934,981	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-236,412,948	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Oregon Outpatient Surgery Center	Ambulatory Surgery Center	51 000 %	0 %	49 000 %
2 2 Plaza Ambulatory Surgery Center LLC	Ambulatory Surgery Center	41 620 %	0 %	48 220 %
3 3 Surgery Center at Tanasbourne LLC	Ambulatory Surgery Center	76 500 %	0 %	18 500 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Portland Medical Center

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Portland Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b ☑	The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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 ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Portland Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Portland Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**	Yes	
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence St Vincent Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence St Vincent Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence St Vincent Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence St Vincent Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**	Yes	
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Milwaukie Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Milwaukie Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b ☑	The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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 ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Milwaukie Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Milwaukie Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Hood River Mem Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Hood River Mem Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Hood River Mem Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Hood River Mem Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Seaside Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Seaside Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Seaside Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Seaside Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**	Yes	
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Newberg Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Newberg Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b ☑	The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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 ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Newberg Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Newberg Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Medford Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Medford Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Medford Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Medford Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**	Yes	
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence Willamette Falls Med Ctr

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) See Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) See Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Providence Willamette Falls Med Ctr

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 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	Was widely publicized 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) www providence org/obp/or/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) www providence org/obp/or/financial-assistance-application			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/plain-language-summary			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Providence Willamette Falls Med Ctr

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Providence Willamette Falls Med Ctr

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
If "Yes," explain in Section C			

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	The sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with income between 301% and 350% 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Costs for Table 7 are from actual expenses incurred

990 Schedule H, Supplemental Information

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 $ 11,817,582

Form and Line Reference	Explanation
Part II, Community Building Activities	COMMUNITY BUILDING ACTIVITIES Basic needs including food security and housing Providence r ecognizes that the social determinant of health needs includes adequate housing, food, tra nsportation, utilities and primary education These deficits fall disproportionately on lo w-income and multicultural populations and therefore Providence has aligned its community building and diversity programs to intersect with and advise our community benefit giving In many cases, programs supporting housing, food, and transportation are reported as Comm unity Health Improvement Services as they were specifically identified in the Community He alth Needs Assessment Oregon ranks third in homelessness per capita according to the U S Department of Housing and Urban Development Lack of adequate housing contributes to poor health, therefore, Providence supports a number of not-for-profit community organizations that help homeless people or work to prevent homelessness Providence is the only health s ystem asked to participate on the 10 Year Plan Homelessness Reset Committee In addition, we partner with organizations in multiple Oregon communities that provide or support low-i ncome housing Some important partners include Central City Concern, St Vincent De Paul, Catholic Charities, Transition Projects Incorporated, the Good Neighbor Center, Neighborh ood Partnership Fund, Portland Rescue Mission, Share Outreach Vancouver and West Women's S helter Providence has been a leader in recognizing the significant impact of hunger on the health and well-being of all residents in the state Oregon ranks as one of the five "hun griest states," with nearly 65% of eligible children qualifying for free or reduced lunche s Providence works with the Oregon Food Bank, Partners for a Hunger-Free Oregon, The Chil dren's Nutrition Network, The Governor's Task Force to End Hunger and Farmer's Ending Hung er, Oregon childhood hunger task force, as well as numerous food pantries in communities w e serve Economic Development Economic development has an important impact on available ho using and services for the underserved An economically depressed area cannot easily suppo rt and care for the vulnerable Providence looks for partnerships with like-minded organiz ations that will encourage a stable and strong economy We participate in local and state organizations in each of our ministries, as well as provide executive leadership to city, county and state boards Support for Healthy Lives and Healthy Communities It is critical that such needs as after school programs, neighborhood support groups and violence prevent ion be identified and addressed in communities We have involved public and private partne rs such as Self-Enhancement, Inc as well as the Portland Trailblazers and The Portland Ti mbers in collaborative health initiatives In addition, we have many not-for-profit commun ity partners with whom we work and support financially to reach populations who need these types of services Leadership Development and Training for Community Members and Youth In this area, Providence has put a strong focus on diverse and low-income communities For e xample, for some years we have provided scholarships for youth in multicultural and divers e populations, including Asian, African-American and Hispanic communities Community partn ers include Self Enhancement Incorporated, Hood River School District, De La Salle North School and Rosemary Anderson High School Building Health Equity and Collaboration Provid ence has long known that, while we can do a great deal to help our communities, we often c an get the best results in meeting health needs, and those basic needs that contribute to or affect health, by aligning with other organizations that have an established presence a nd expertise Throughout our history, we have sought like-minded partners with a mission t o care for the vulnerable in the communities we serve During 2016, we continued our finan cial support to an array of diverse organizations that are intent on building collaborativ e programs that will meet community health and build health equity These include Oregon Public Health Institute, Oregon Health Equity Alliance, Impact NW, Familias en Accion, the African-American Health Coalition, Asian Muslims in Need, Catholic Charities, Jefferson R egional Health Alliance, Asian Health and Service Center, La Clinica del Carinho, United W ay of Jackson County and many more Community Health Improvement Advocacy In keeping with our strong commitment to social justice, Providence is an advocate for those among us who do not have a voice in policy development and community decision making During 2016, we w orked with Upstream Public Health, Oregon Public Health Institute, El Program Hispano, Ecu menical Ministries of Oregon, Northwest Health Foundation, Oregon Primary Care Association , NAMI, Office of Health Equity, Children First for Oregon, and Ride Connection, among oth ers, to ensure that the needs of those we serve ha

Form and Line Reference	Explanation
Part II, Community Building Activities	ve been articulated to policy makers We actively supported initiatives to improve provide r cultural competence in care giving with required continuing education courses We have a responsibility to care for people who come to us for services and also to seek out the un met needs of people who lack basic essentials every day As a not-for-profit health care s ystem, Providence Health & Services reinvests its income into the communities we serve We partner with local organizations to help improve health and quality of life for those who are poor, marginalized and vulnerable To ensure that we use our resources responsibly - where they can help those most in need - we attempt to match our giving to areas of greate st need, as identified in our Oregon Community Health Needs Assessment We invite you to r eview how we're working with our community partners to ease some of these greatest needs p er our 2016 Oregon Region Community Benefit report, available online at https //communityb enefit providence org/oregon/Workforce Development Providence provided financial support t o the De La Salle North Catholic High School, Albertina Kerr, De Paul Industries, Universi ty of Portland, Portland State University, Clatsop Community College, Hood River County He alth Department, the Oregon Center for Nursing, POIC and a workforce development initiativ e in Oregon City, all of which are working to enhance communitywide workforce issues in va rious parts of Oregon

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT As health care continues to evolve and systems of care become more comple x, Providence is responding with dedication to its Mission and a core strategy to create h ealthier communities, together Partnering with many community organizations, we are commi tted to addressing the most pressing health needs in our community In the Portland metrop olitan area, Providence is a proud member of the Healthy Columbia Willamette Collaborative , a public-private partnership that brings together 15 hospitals, four counties, and two c oordinated care organizations to produce a shared regional needs assessment The full, fou r-county assessment was completed July 31, 2016 Across the HCWC region, collected informat ion included county public health data regarding health behaviors, morbidity, and mortalit y, hospital utilization and CCO data for the uninsured and members of the Oregon Health Pl an, and community engagement activities that included listening sessions, literature revie w, and a community health survey The purpose of HCWC is to align the efforts of hospitals, public health, CCOs, and the residents of the communities they serve to develop a shared community health needs assessment across the four-county region HCWC aims to eliminate du plicative efforts, prioritize needs, and enable collaborative efforts to implement and tra ck improvement activities across the four-county region This collaborative approach enabl es an effective and sustainable process, strengthens relationships between communities, CC Os, hospitals and public health, creates meaningful community health needs assessments, an d results in a platform for collaboration around regional health improvement plans and act ivities, leveraging collective resources to improve the health and wellbeing of our commun ities HCWC member organizations are committed to addressing health disparities and inequit ies The 2016 HCWC Community Health Needs Assessment includes data on disparities in our r egion The collaborative has also taken strides to make sure diverse community perspective s are included--not only about what the needs are, but how they can be addressed HCWC rec ognizes that including people affected by health inequities in the assessment and planning process is a key strategy to ensure health improvement activities will be successful The HCWC structure has evolved to include an active community engagement workgroup committed to meaningful engagement, equity, and addressing health disparities In the Columbia Gorge region, Providence is a proud member of the Columbia Gorge Health Council, a public-privat e partnership that brings together four hospitals, seven counties, the coordinated care or ganization, and several social service agencies to produce a shared regional needs assessm ent Responding to the number of needs identified, Providence developed four topic categori es access to care, behavioral health, chronic conditions, and social determinants of heal th and well-being These findings are guiding development of collaborative solutions to fu lfill unmet needs for some of the most vulnerable groups of people in communities we serve Our work is also informed by population demographics, which have been diversifying Acros s the Columbia Gorge region, information collected includes county public health data reg arding health behaviors, morbidity and mortality, hospital utilization data, a community h ealth survey with over 1,350 responses, and a health care provider survey The CHNA is an evaluation of key health indicators in Jackson County The assessment includes information from survey responses, key stakeholders, community listening sessions, hospital utilizati on, public health data, and other public data sets The Providence Mission reaches out beyo nd the walls of care settings to touch lives in the places where relief, comfort and care are needed One important way we do this is through community benefit spending Providence programs and funding not only enhance the health and well-being of our patients, but the whole community Providence is committed to supporting broader determinants of health beyo nd clinical care Providence's community benefit connects families with preventive care to keep them healthy, fills gaps in community services and provides opportunities that bring hope in difficult times The CHNA is an evaluation of key health indicators of the communi ty Information for this assessment comes from both primary and secondary data Primary da ta is information that has been collected specifically for the purposes of this assessment Secondary data is information that has been collected by others or for other purposes, b ut provides valuable context and information for the assessment Primary Data It includes a Community Healthy Survey, key stakeholder interviews, community listening session and hos pital utilization data " Community Health Survey - this was a 43-question survey that was mailed to 875 residential addresses in Yamhill Cou

Form and Line Reference	Explanation
Part VI, Line 2	nty in Spring 2016, administered by the Center for Outcomes Research and Education (CORE) -Key stakeholder interviews - a series of interviews occurred in September and October 20 16 with individuals who have particular expertise or perspective in the health of Yamhill County residents -Community listening session - this was a structured dialogue with parti cipants representing the Latino community in October 2016 Based upon survey response and other information available, Providence wanted to better understand the needs of this part icular community -Hospital utilization data - an important indicator of a community's heal th is its access to appropriate levels of care The Agency for Healthcare Research and Qua lity (AHRQ) defined a list of conditions and diagnostic codes that should not result in an emergency department visit with appropriate access to primary care We looked at informat ion for emergency department utilization for these conditions amongst individuals identifi ed as uninsured, Medicaid, or dual eligible (Medicare and Medicaid) over a one-year period from April 1, 2014 through March 31, 2015 Secondary Data This is information that has bee n collected or reported from other sources or for different reasons other than the needs a ssessment This includes Yamhill County public health reports, Oregon Department of Educat ion reports, County Health Rankings, and the Annie E Casey Kids COUNT Data Book Columbia Memorial Hospital and Providence Seaside Hospital worked together to produce a shared Comm unity Health Needs Assessment (CHNA) This provides a shared set of priority issues that m ost impact health in Clatsop County, and prevents duplication of efforts Based upon the va rious sources of information in this assessment, items that were corroborated by two or mo re sources were identified as key unmet health needs These needs were then grouped into f our actionable categories, which will guide our efforts in developing the Community Health Improvement Plan (CHIP) Due to the nature of initial identification of needs, this prior itization included worsening trends, values worse than state averages, and a disproportion ate impact on communities of color, low-income, or otherwise marginalized groups Addition al prioritization regarding feasibility, effectiveness of interventions, and ability to pa rtner with community organizations will be applied during CHIP development

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Part VI, Line 4	COMMUNITY INFORMATIONProvidence Hood River Memorial Hospital primarily serves Hood River C ounty in Oregon Providence has three hospitals serving neighboring Multnomah and Clackama s counties and four additional hospitals around the state The Regional Community Health A ssessment covered Hood River, Wasco, Sherman, Gilliam, and Wheeler counties in Oregon as w ell as Klickitat and Skamania counties in Washington As of June 2016, the total populatio n of Hood River County was 23,655 Nearly 31 percent of the Hood River County population i dentifies as Hispanic Over 82 percent identify as White, 3 2 percent as two or more races , 1 7 percent Asian Pacific Islander, and 11 4 percent as other In 2015, the median house hold income for Hood River County was $55,827 and the unemployment rate was 4 0 percent in December 2016 This is slightly higher than the median income for the state of Oregon ($5 4,148) and the United States ($55,755) In the Columbia Gorge region, over 65 percent of a dults are overweight or obese, and hypertension is the most common chronic condition Dent al access is the greatest unmet health care need and of those surveyed, one in three respo ndents were worried about running out of food Binge drinking is a challenge amongst adult s as more than 20 percent have three or more drinks on the days they do drink Providence M edford Medical Center primarily serves Jackson County in southern Oregon An area that inc ludes the Rogue Valley, Jackson County and surrounding area is known for its agriculture, Rogue River, and the annual Shakespeare Festival in Ashland The population of Jackson Cou nty has a near-normal distribution The ratio of males to females is 1 1 through the age o f 55, when females begin making up a greater proportion of the total population Due to li fe expectancy, females often outnumber males at older ages, but the trend starts slightly earlier in Southern Oregon than normal Just over 20 percent of the population is 65 or ol der, a greater proportion than elsewhere in the country, where the average is 15 percent The vast majority of residents (77 5 percent) identify are White non-Hispanic The second largest population group in Jackson County is individuals who identify as Hispanic/Latino, making up 17 percent of the population The Hispanic/Latino population is expected to mak e up 19 percent of the total population by 2021, with the White non-Hispanic population sl ightly decreasing to approximately 75 percent of the total population As of 2016, Jackson County is home to approximately 213,000 residents The area's median household income is $44,086 and the per capita income was below $25,000, slightly lower than the State of Oreg on as a whole ($49,260 and $26,171, respectively) The current rental market has less than 1 percent vacancy The Portland Service Area for Providence in Oregon includes primarily C lackamas, Multnomah, and Washington counties Clackamas County The current population of C lackamas County is nearly 395,000, which represents slightly over 11 percent growth since 2000 Clackamas County has been diversifying, with the foreign-born population increasing more than 19 percent since 2005, and the Latino population increasing nearly 74 percent fr om 2000 to 2010 The age distribution is fairly normal, with the male-to-female ratio bein g approximately 1 1 until age 65, when females become a greater proportion of the populati on This difference is clearest over the age of 85, where there are nearly 2 surviving fem ales for each male There is a greater proportion of adults over age 65 in Clackamas Count y compared to other counties in the Portland metro area Among Clackamas County residents in 2016, 91 5 percent identified as White non-Hispanic, 8 5 percent were Hispanic or Latin o, 4 3 percent Asian or Pacific Islander, less than 1 percent were African American or Bla ck, less than one percent were Alaska Native or American Indian, and nearly 3 percent iden tified as two or more races In 2015, the median household income for Clackamas County was $65,965, which is nearly $10,000 higher than neighboring Multnomah County Clackamas Coun ty is home to some of the wealthiest areas in Oregon, such as Lake Oswego, as well as more rural areas such as Estacada Clackamas County's unemployment rate was 3 7 percent in Dec ember 2016 The state's overall unemployment rate was 4 5 percent, compared to the nationa l average of 4 7 percent at the same time Multnomah County The current population of Multn omah County is over 777,000, which represents slightly over 11 percent growth since 2000 Multnomah County has been diversifying, with the foreign-born population increasing nearly 20 percent since 2005, and the Latino population increasing about 62 percent from 2000 to 2010 The age distribution is fairly normal, with the male-to-female ratio being approxim ately 1 1 until age 65, when females become a greater proportion of the population This d ifference is clearest over the age of 85, where th

Form and Line Reference	Explanation
Part VI, Line 4	ere are slightly more than 2 surviving females for each male Multnomah County is the most populated county in the Portland metro area, with a greater proportion of individuals age d between 25 and 44 compared to other counties Among Mulntomah County residents in 2016, 70 9 percent identified as White non-Hispanic, 11 5 percent were Hispanic or Latino, 7 5 p ercent Asian or Pacific Islander, slightly more than 5 percent were African American or Bl ack, less than one percent were Alaska Native or American Indian, and 4 percent identified as two or more races In 2015, the median household income for Multnomah County was $54,1 02, which is approximately $1,600 below the national average Multnomah County's unemploym ent rate was 3 5 percent in December 2016, the lowest rate since 2000 The state's overall unemployment rate was 4 5 percent, compared to the national average of 4 7 percent at the same time Washington County The current population of Washington County is over 585,000, which represents slightly over 20 percent growth since 2000 Washington County has been di versifying, with the foreign-born population increasing nearly 11 percent since 2005, and the Latino population increasing over 67 percent from 2000 to 2010 The age distribution i s fairly normal, with the male-to-female ratio being approximately 1 1 until age 65, when females become a greater proportion of the population This difference is clearest over th e age of 85, where there are nearly 2 surviving females for each male Among Wahington Cou nty residents in 2016, 67 4 percent identified as White non-Hispanic, 16 2 percent were Hi spanic or Latino, 10 2 percent Asian or Pacific Islander, slightly less than 2 percent wer e African American or Black, less than one percent were Alaska Native or American Indian, and 3 6 percent identified as two or more races In 2015, the median household income for Washington County was $66,754, which is nearly $12,000 higher than neighboring Multnomah C ounty and more than $12,000 above the national average Washington County's unemployment r ate was 3 4 percent in December 2016 The state's overall unemployment rate was 4 5 percen t, compared to the national average of 4 7 percent at the same time Providence Newberg Med ical Center (PNMC) primarily serves residents of Yamhill County Cities include Sherwood, Newberg, Dundee, Dayton, and Lafayette, with some patients traveling from McMinnville Giv en the geography of the area, all of Yamhill County is considered the primary service area for PNMC The secondary service area includes bordering zip codes of nearby Washington Co unty As of June 2016, the total population is 103,295, representing slightly more than 21 percent growth since 2000 The county follows a fairly normal distribution by age and gen der, with more surviving females than males at older ages Approximately 15 percent of the county's population is at or above age 65, which is in line with the national average In 2015, the median household income for Yamhill County was $53,864 and the unemployment rat e was 4 7 percent This is slightly lower than the median income for the state of Oregon ($54,148) and the United States ($55,755) The share of Yamhill County residents who are un insured was 14 percent in 2014, though there are many different estimates due to the numbe r of migrant and seasonal farmworkers in the region Between 2015 and 2016, 19 4 percent o f survey respondents were unable to get needed care due to the cost of care

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	Providence Seaside Hospital, located in Clatsop County, primarily serves the North Coast Region of Oregon As of the 2010 United States Census, there were 37,039 people, 15,742 households, and 9,579 families residing in the county The population density was 44 7 inhabitants per square mile There were 21,546 housing units at an average density of 26 0 per square mile The racial makeup of the county was 90 9% white, 1 2% Asian, 1 0% American Indian, 0 5% black or African American, 0 2% Pacific Islander, 3 3% from other races, and 2 8% from two or more races Those of Hispanic or Latino origin made up 7 7% of the population In terms of ancestry, 22 8% were German, 15 4% were English, 14 2% were Irish, 8 9% were American, and 7 5% were Norwegian Of the 15,742 households, 26 0% had children under the age of 18 living with them, 46 4% were married couples living together, 9 6% had a female householder with no husband present, 39 2% were non-families, and 31 5% of all households were made up of individuals The average household size was 2 29 and the average family size was 2 85 The median age was 43 2 years The median income for a household in the county was $42,223 and the median income for a family was $52,339 Males had a median income of $40,741 versus $28,463 for females The per capita income for the county was $25,347 About 9 6% of families and 12 8% of the population were below the poverty line, including 20 0% of those under age 18 and 6 6% of those age 65 or over

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	FURTHERANCE OF EXEMPT PURPOSE As a not-for-profit Catholic health care ministry, Providence Health &Services embraces its responsibility to provide for the needs of thecommunities it serves - especially the poor and vulnerable Providence'snot-for-profit, tax-exempt status enables Providence to serve itscommunities, to solicit donations through its foundations and to respond to community needs that otherwise would go unmet Health care is fundamentally different from most other goods and services It is about the most human and intimate needs of people, their families and communities Providence's executives are engaged on many local area boards, including CCO leadership, and social service organizations Caregivers (employees) are deeply committed to the Mission and many volunteer their time at non-profit and social service agencies In each service area, PH&S - Oregon has a Service Area Advisory Council made up of community leaders, primary care providers, and hospital leadership This Advisory Council has several responsibilities, including oversight and approval of the needs assessment, improvement plans, misson integration, and community benefit investments The North Coast Service Area Advisory Council includes representation from school districts, parks and recreation, local business owners, primary care providers, and private citizens The Advisory Council reports to the Oregon Community Ministry Board for Providence Health & Services, and includes several sub-committees One such sub-committee is the Community Benefit sub-committee, which meets several times over the course of the year to determine priority funding areas based on the findings of the CHNA, solicit and review applications for funding from local non-profit organizations working to address the needs identified in the CHNA, and make funding recommendations to the full council

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	AFFILIATED HEALTH CARE SYSTEM Effective July 1, 2016, Providence Health & Services and St Joseph Health came together to serve more people in a partnership that joins two remarkable organizations with rich heritages We are now connected by a new parent organization, Providence St Joseph Health Together, over 100,000 of our caregivers (employees) now serve in 50 hospitals, over 800 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington All hospitals and other ministries will maintain their current names and identities This parent structure allows our family of diverse organizations to work together to meet the needs of our communities both today and into the future

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Providence Portland Medical Center 4805 NE Glisan St Portland, OR 97213 oregon providence org 14-0012	X	X		X			X			
2	Providence St Vincent Medical Center 9205 SW Barnes Rd Portland, OR 97225 oregon providence org 14-0912	X	X		X			X			
3	Providence Milwaukie Hospital 10150 SE 32nd Milwaukie, OR 97222 oregon providence org 14-1430	X			X			X			
4	Providence Hood River Mem Hospital 811 - 13th Street Hood River, OR 97031 oregon providence org 14-1452	X				X		X			
5	Providence Seaside Hospital 725 S Wahanna Rd Seaside, OR 97138 oregon providence org 14-1231	X				X		X		Nursing Facility	
6	Providence Newberg Medical Center 1001 Providence Drive Newberg, OR 97132 oregon providence org 14-1438	X	X					X			
7	Providence Medford Medical Center 1111 Crater Lake Avenue Medford, OR 97504 oregon providence org 14-0734	X	X					X			
8	Providence Willamette Falls Med Ctr 1500 Division Street Oregon City, OR 97045 oregon providence org 14-1471	X						X			

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

Form and Line Reference	Explanation
Providence Portland Medical Center	Part V, Section B, Line 5 The hospital took into account substantial input from individuals representing the broad interests of the community as well as public heath officials Providence participates as a member of the Healthy Columbia Willamette Collaborative (HCWC), which is a partnership of 15 hospitals, four county public health agencies, and two coordinated care organizations HCWC has been convening since 2012 and produced its first collaborative CHNA in 2013, with the Cycle Two CHNA completed in July, 2016 Representatives from each member organization meet monthly as a Leadership Group and formed multiple workgroups to include multiple data sources and perspectives Members of the workgroups are noted below and are also available in the CHNA Community Engagement Workgroup Adrienne Buesa, Oregon Health & Science University Alicia Attala-Mei, Oregon Primary Care Association Amy Anderson, Health Share of Oregon Community Advisory Council, Adult Mental Health and Substance Abuse Advisory Council Beret Halverson, Oregon State University Extension Brett Hamilton, FamilyCare Health Cassandra Robinson, Providence CORE Charina Walker, Multnomah County Health Department Chris Goodwin, Clark County Public Health Christine Sorvari, Multnomah County Health Department Claire Nystrom, Multnomah County Health Department Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Health Division Genevieve Ellis, Multnomah County Health DepartmentGiovanna Frezza, FamilyCare Health Hayley Pickus, Kaiser Permanente Jamie Zentner, Clackamas County Public Health Division Jesse Gelwicks, Kaiser Permanente Josie Silverman, FamilyCare Health Julie Aalbers, Clackamas County Public Health Division Kristin Brown, Providence CORE Leticia Vitela, Washington County Public Health Division Megan McAninch-Jones, Providence Health & Services Meghan Crane, Multnomah County Health Department Michael Anderson-Nathe, Health Share of Oregon Pamela Weatherspoon, Legacy Health Peter Morgan, Adventist Medical Center Suzanne Hansche, Elders in Action Commission, Area Council on Aging, Allies for a Healthier Oregon Tameka Brazile, Multnomah County Health DepartmentHospital & CCO Data Workgroup Members Adrienne Buesa, Oregon Health & Science University Annie Raich, HCWC Epidemiologist Brett Hamilton, FamilyCare Brian Willoughby, Legacy Health Gerald Ewing, Tuality Healthcare James Boyle, PeaceHealth Southwest Medical Center Jesse Gelwicks, Kaiser PermanenteKatie Cadigan, Health Share of Oregon Megan McAninch-Jones, Providence Health & Services Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Permanente Sandra Clark, Health Share of Oregon Trevor Jacobson, PeaceHealth Southwest Medical CenterLeadership Group Members 2015-2016 Adrienne Buesa, Oregon Health & Science University Amy Zlot, Multnomah County Health Department Annie Raich, HCW C Epidemiologist Ann Marie Natali, PeaceHealth Southwest Medical Center Brett Hamilton, FamilyCare Health Brian Willough

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

Form and Line Reference	Explanation
Providence Portland Medical Center	by, Legacy Health Chris Senz, Tuality Healthcare Dana Lord, Clackamas County Public Health Division Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Hea lth Division Gerald Ewing, Tuality Healthcare Janis Koch, Clark County Public Health (Chai r) Josie Silverman, FamilyCare Health Kari Stanley, Legacy HealthMarla Sanger, PeaceHealth Southwest Medical Center Marni Kuyl, Washington County Public Health Division Megan McAni nch-Jones, Providence Health & Services Melanie Payne, Clark County Public Health Michael Anderson-Nathe Health Share of Oregon Molly Haynes, Kaiser Permanente Paul Lewis, Multnoma h County Health Department Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Pe rmanente Rebecca Sweatman, Providence Health & Services Sandra Clark, Health Share of Oreg on (Chair) Sunny Lee, Clackamas County Public Health Division Tricia Mortell, Washington C ounty Public Health DivisionPrincipals Group Members 2015-2016 Cindy Becker, FamilyCare He alth Dan Field, Kaiser Permanente David Russell, Adventist Medical Center Douglas Lincoln, Oregon Health & Science University Janet Meyer, Health Share of Oregon Janis Koch, Clark County Public Health Joanne Fuller, Multnomah County Health DepartmentLauren Foote Christe nsen, Legacy Health Manny Berman, Tuality Healthcare Nancy Steiger, PeaceHealth Southwest Medical Center Pam Mariea-Nason, Providence Health & Services Richard Swift, Clackamas Cou nty Public Health Division Tricia Mortell, Washington County Public Health Division

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	Part V, Section B, Line 5 The hospital took into account substantial input from individua ls representing the broad interests of the community as well as public heath officials Pr ovidence participates as a member of the Healthy Columbia Willamette Collaborative (HCWC), which is a partnership of 15 hospitals, four county public health agencies, and two coord inated care organizations HCWC has been convening since 2012 and produced its first colla borative CHNA in 2013, with the Cycle Two CHNA completed in July, 2016 Representatives fr om each member organization meet monthly as a Leadership Group and formed multiple workgro ups to include multiple data sources and perspectives Members of the workgroups are noted below and are also available in the CHNA Community Engagement Workgroup Adrienne Buesa, O regon Health & Science University Alicia Attala-Mei, Oregon Primary Care Association Amy A nderson, Health Share of Oregon Community Advisory Council, Adult Mental Health and Substa nce Abuse Advisory Council Beret Halverson, Oregon State University Extension Brett Hamilt on, FamilyCare Health Cassandra Robinson, Providence CORE Charina Walker, Multnomah County Health Department Chris Goodwin, Clark County Public Health Christine Sorvari, Multnomah County Health Department Claire Nystrom, Multnomah County Health Department Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Health Division Genevieve E llis, Multnomah County Health DepartmentGiovanna Frezza, FamilyCare Health Hayley Pickus, Kaiser Permanente Jamie Zentner, Clackamas County Public Health Division Jesse Gelwicks, K aiser Permanente Josie Silverman, FamilyCare Health Julie Aalbers, Clackamas County Public Health Division Kristin Brown, Providence CORE Leticia Vitela, Washington County Public H ealth Division Megan McAninch-Jones, Providence Health & Services Meghan Crane, Multnomah County Health Department Michael Anderson-Nathe, Health Share of Oregon Pamela Weatherspoo n, Legacy Health Peter Morgan, Adventist Medical Center Suzanne Hansche, Elders in Action Commission, Area Council on Aging, Allies for a Healthier Oregon Tameka Brazile, Multnomah County Health DepartmentHospital & CCO Data Workgroup Members Adrienne Buesa, Oregon Heal th & Science University Annie Raich, HCWC Epidemiologist Brett Hamilton, FamilyCare Brian Willoughby, Legacy Health Gerald Ewing, Tuality Healthcare James Boyle, PeaceHealth Southw est Medical Center Jesse Gelwicks, Kaiser PermanenteKatie Cadigan, Health Share of Oregon Megan McAninch-Jones, Providence Health & Services Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Permanente Sandra Clark, Health Share of Oregon Trevor Jacobson, Pea ceHealth Southwest Medical CenterLeadership Group Members 2015-2016 Adrienne Buesa, Oregon Health & Science University Amy Zlot, Multnomah County Health Department Annie Raich, HCW C Epidemiologist Ann Marie Natali, PeaceHealth Southwest Medical Center Brett Hamilton, Fa milyCare Health Brian Willough

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	by, Legacy Health Chris Senz, Tuality Healthcare Dana Lord, Clackamas County Public Health Division Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Hea lth Division Gerald Ewing, Tuality Healthcare Janis Koch, Clark County Public Health (Chai r) Josie Silverman, FamilyCare Health Kari Stanley, Legacy HealthMarla Sanger, PeaceHealth Southwest Medical Center Marni Kuyl, Washington County Public Health Division Megan McAni nch-Jones, Providence Health & Services Melanie Payne, Clark County Public Health Michael Anderson-Nathe Health Share of Oregon Molly Haynes, Kaiser Permanente Paul Lewis, Multnoma h County Health Department Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Pe rmanente Rebecca Sweatman, Providence Health & Services Sandra Clark, Health Share of Oreg on (Chair) Sunny Lee, Clackamas County Public Health Division Tricia Mortell, Washington C ounty Public Health DivisionPrincipals Group Members 2015-2016 Cindy Becker, FamilyCare He alth Dan Field, Kaiser Permanente David Russell, Adventist Medical Center Douglas Lincoln, Oregon Health & Science University Janet Meyer, Health Share of Oregon Janis Koch, Clark County Public Health Joanne Fuller, Multnomah County Health DepartmentLauren Foote Christe nsen, Legacy Health Manny Berman, Tuality Healthcare Nancy Steiger, PeaceHealth Southwest Medical Center Pam Mariea-Nason, Providence Health & Services Richard Swift, Clackamas Cou nty Public Health Division Tricia Mortell, Washington County Public Health Division

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	Part V, Section B, Line 5 The hospital took into account substantial input from individuals representing the broad interests of the community as well as public heath officials Providence participates as a member of the Healthy Columbia Willamette Collaborative (HCWC), which is a partnership of 15 hospitals, four county public health agencies, and two coordinated care organizations HCWC has been convening since 2012 and produced its first collaborative CHNA in 2013, with the Cycle Two CHNA completed in July, 2016 Representatives from each member organization meet monthly as a Leadership Group and formed multiple workgroups to include multiple data sources and perspectives Members of the workgroups are noted below and are also available in the CHNA Community Engagement Workgroup Adrienne Buesa, Oregon Health & Science University Alicia Attala-Mei, Oregon Primary Care Association Amy Anderson, Health Share of Oregon Community Advisory Council, Adult Mental Health and Substance Abuse Advisory Council Beret Halverson, Oregon State University Extension Brett Hamilton, FamilyCare Health Cassandra Robinson, Providence CORE Charina Walker, Multnomah County Health Department Chris Goodwin, Clark County Public Health Christine Sorvari, Multnomah County Health Department Claire Nystrom, Multnomah County Health Department Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Health Division Genevieve Ellis, Multnomah County Health DepartmentGiovanna Frezza, FamilyCare Health Hayley Pickus, Kaiser Permanente Jamie Zentner, Clackamas County Public Health Division Jesse Gelwicks, Kaiser Permanente Josie Silverman, FamilyCare Health Julie Aalbers, Clackamas County Public Health Division Kristin Brown, Providence CORE Leticia Vitela, Washington County Public Health Division Megan McAninch-Jones, Providence Health & Services Meghan Crane, Multnomah County Health Department Michael Anderson-Nathe, Health Share of Oregon Pamela Weatherspoon, Legacy Health Peter Morgan, Adventist Medical Center Suzanne Hansche, Elders in Action Commission, Area Council on Aging, Allies for a Healthier Oregon Tameka Brazile, Multnomah County Health DepartmentHospital & CCO Data Workgroup Members Adrienne Buesa, Oregon Health & Science University Annie Raich, HCWC Epidemiologist Brett Hamilton, FamilyCare Brian Willoughby, Legacy Health Gerald Ewing, Tuality Healthcare James Boyle, PeaceHealth Southwest Medical Center Jesse Gelwicks, Kaiser PermanenteKatie Cadigan, Health Share of Oregon Megan McAninch-Jones, Providence Health & Services Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Permanente Sandra Clark, Health Share of Oregon Trevor Jacobson, PeaceHealth Southwest Medical CenterLeadership Group Members 2015-2016 Adrienne Buesa, Oregon Health & Science University Amy Zlot, Multnomah County Health Department Annie Raich, HCW C Epidemiologist Ann Marie Natali, PeaceHealth Southwest Medical Center Brett Hamilton, FamilyCare Health Brian Willough

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	by, Legacy Health Chris Senz, Tuality Healthcare Dana Lord, Clackamas County Public Health Division Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Hea lth Division Gerald Ewing, Tuality Healthcare Janis Koch, Clark County Public Health (Chai r) Josie Silverman, FamilyCare Health Kari Stanley, Legacy HealthMarla Sanger, PeaceHealth Southwest Medical Center Marni Kuyl, Washington County Public Health Division Megan McAni nch-Jones, Providence Health & Services Melanie Payne, Clark County Public Health Michael Anderson-Nathe Health Share of Oregon Molly Haynes, Kaiser Permanente Paul Lewis, Multnoma h County Health Department Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Pe rmanente Rebecca Sweatman, Providence Health & Services Sandra Clark, Health Share of Oreg on (Chair) Sunny Lee, Clackamas County Public Health Division Tricia Mortell, Washington C ounty Public Health DivisionPrincipals Group Members 2015-2016 Cindy Becker, FamilyCare He alth Dan Field, Kaiser Permanente David Russell, Adventist Medical Center Douglas Lincoln, Oregon Health & Science University Janet Meyer, Health Share of Oregon Janis Koch, Clark County Public Health Joanne Fuller, Multnomah County Health DepartmentLauren Foote Christe nsen, Legacy Health Manny Berman, Tuality Healthcare Nancy Steiger, PeaceHealth Southwest Medical Center Pam Mariea-Nason, Providence Health & Services Richard Swift, Clackamas Cou nty Public Health Division Tricia Mortell, Washington County Public Health Division

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

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

Form and Line Reference	Explanation
Providence Hood River Mem Hospital	Part V, Section B, Line 5 The Columbia Gorge Regional Health Assessment included working group members from public health departments and other community stakeholders Additionally, the health assessment included input through provider surveys, CCO-member feedback, mail and hand-fielded surveys to community members More information is available in the full document PHRMH's Advisory Council includes a sub-committee that includes public health depts , schools, county prevention dept, county mental health, community health workers focused on the Latino population, health literacy experts, and more In addition, the work of the CHNA was shaped by the Community Advisory Council, whose voting members are over 50% people on Medicaid

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

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

Form and Line Reference	Explanation
Providence Seaside Hospital	Part V, Section B, Line 5 In the most recent CHNA, Providence took into account input from many individuals and organizations Community members were invited to provide input through Community Listening Sessions Recruitment efforts took into special consideration the needs and barriers to participation for low-income individuals One session was held in Spanish and transcribed to solicit input from the local Latino population Incentives, including childcare, were provided to ensure active participation and engagement Key stakeholders were asked to represent their organizations and clients 2016 Clatsop County CHNA Key Stakeholders Interviewed Elaine Bruce, Executive Director, Clatsop Community ActionAlan Evans, Executive Director, Helping Hands Re-Entry Outreach CentersCraig Hoppes, Superintendent, Astoria School DistrictMark Kujala, Mayor, City of WarrentonVivIana Matthews, Deputy Director, Clatsop Community ActionDebbie Morrow, Co-Chair, Columbia Pacific CCOMatt Phillips, Jail Commander, Clatsop County Sheriff's OfficeJoyce Stuber, Development Director, Helping Hands Re-Entry Outreach CentersSydney van Dusen, Coordinator, Way to Wellville

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

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

Form and Line Reference	Explanation
Providence Newberg Medical Center	Part V, Section B, Line 5 In the most recent CHNA, Providence took into account input from many individuals and organizations Community members were invited to provide input through Community Listening Sessions Recruitment efforts took into special consideration the needs and barriers to participation for low-income individuals One session was held in Spanish and transcribed to solicit input from the local Latino population Incentives, including childcare, were provided to ensure active participation and engagement Key stakeholders were asked to represent their organizations and clients Many individuals, including the director of Yamhill County Health & Human Services, the Fire Chief, and other public employees representing high-needs communities actively participate on Providence's Yamhill Service Area Advisory Council They were therefore not interviewed separately Stakeholders interviewed for 2016 Newberg CHNA Jennifer Jackson, Member Engagement Supervisor, Yamhill Community Care OrganizationKym LeBlanc-Esparza, Superintendent, Newberg School DistrictSeamus McCarthy, Director of Operation and Integration, Yamhill Community Care OrganizationBeth Wasson, Executive Director, Newberg FISH Emergency Services

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

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

Form and Line Reference	Explanation
Providence Medford Medical Center	Part V, Section B, Line 5 In the most recent CHNA, Providence took into account input from many individuals and organizations Community members were invited to provide input through Community Listening Sessions Recruitment efforts took into special consideration the needs and barriers to participation for low-income individuals Incentives, including childcare, were provided to ensure active participation and engagement Several key stakeholders were asked to represent their organizations and clients in separate sessions Participants are noted below Cynthia Ackerman, Chief Quality Officer, AllCare HealthHannah Ancel, Community Engagement Coordinator, Jackson Care ConnectJackson Baures, Division Manager, Jackson County Public Health ServicesStacy Brubaker, Division Manager, Jackson County Mental HealthCorey Falls, Sheriff, Jackson CountyDoug Flow, Chief Executive Officer, AllCare HealthHeidi Hill, Engagement Program Manager, Jackson Care ConnectSocorro Holloway, Council President, St Vincent de Paul Rogue ValleyTiffany Lambert, Special Services Director, Eagle Point School DistrictDan Peterson, Fire Chief, Jackson County Fire District 3Tammi Pitzen, Children's Advocacy Center of Jackson CountyTania Tong, Medford School DistrictAngela Warren, Collaboration Manager, Jefferson Regional Health AllianceHank Williams, Mayor, City of Central Point

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	Part V, Section B, Line 5 The hospital took into account substantial input from individua ls representing the broad interests of the community as well as public heath officials Pr ovidence participates as a member of the Healthy Columbia Willamette Collaborative (HCWC), which is a partnership of 15 hospitals, four county public health agencies, and two coord inated care organizations HCWC has been convening since 2012 and produced its first colla borative CHNA in 2013, with the Cycle Two CHNA completed in July, 2016 Representatives fr om each member organization meet monthly as a Leadership Group and formed multiple workgro ups to include multiple data sources and perspectives Members of the workgroups are noted below and are also available in the CHNA Community Engagement Workgroup Adrienne Buesa, O regon Health & Science University Alicia Attala-Mei, Oregon Primary Care Association Amy A nderson, Health Share of Oregon Community Advisory Council, Adult Mental Health and Substa nce Abuse Advisory Council Beret Halverson, Oregon State University Extension Brett Hamilt on, FamilyCare Health Cassandra Robinson, Providence CORE Charina Walker, Multnomah County Health Department Chris Goodwin, Clark County Public Health Christine Sorvari, Multnomah County Health Department Claire Nystrom, Multnomah County Health Department Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Health Division Genevieve E llis, Multnomah County Health DepartmentGiovanna Frezza, FamilyCare Health Hayley Pickus, Kaiser Permanente Jamie Zentner, Clackamas County Public Health Division Jesse Gelwicks, K aiser Permanente Josie Silverman, FamilyCare Health Julie Aalbers, Clackamas County Public Health Division Kristin Brown, Providence CORE Leticia Vitela, Washington County Public H ealth Division Megan McAninch-Jones, Providence Health & Services Meghan Crane, Multnomah County Health Department Michael Anderson-Nathe, Health Share of Oregon Pamela Weatherspoo n, Legacy Health Peter Morgan, Adventist Medical Center Suzanne Hansche, Elders in Action Commission, Area Council on Aging, Allies for a Healthier Oregon Tameka Brazile, Multnomah County Health DepartmentHospital & CCO Data Workgroup Members Adrienne Buesa, Oregon Heal th & Science University Annie Raich, HCWC Epidemiologist Brett Hamilton, FamilyCare Brian Willoughby, Legacy Health Gerald Ewing, Tuality Healthcare James Boyle, PeaceHealth Southw est Medical Center Jesse Gelwicks, Kaiser PermanenteKatie Cadigan, Health Share of Oregon Megan McAninch-Jones, Providence Health & Services Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Permanente Sandra Clark, Health Share of Oregon Trevor Jacobson, Pea ceHealth Southwest Medical CenterLeadership Group Members 2015-2016 Adrienne Buesa, Oregon Health & Science University Amy Zlot, Multnomah County Health Department Annie Raich, HCW C Epidemiologist Ann Marie Natali, PeaceHealth Southwest Medical Center Brett Hamilton, Fa milyCare Health Brian Willough

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	by, Legacy Health Chris Senz, Tuality Healthcare Dana Lord, Clackamas County Public Health Division Edward Hoover, Adventist Medical Center Erin Jolly, Washington County Public Hea lth Division Gerald Ewing, Tuality Healthcare Janis Koch, Clark County Public Health (Chai r) Josie Silverman, FamilyCare Health Kari Stanley, Legacy HealthMarla Sanger, PeaceHealth Southwest Medical Center Marni Kuyl, Washington County Public Health Division Megan McAni nch-Jones, Providence Health & Services Melanie Payne, Clark County Public Health Michael Anderson-Nathe Health Share of Oregon Molly Haynes, Kaiser Permanente Paul Lewis, Multnoma h County Health Department Peter Morgan, Adventist Medical Center Rachel Burdon, Kaiser Pe rmanente Rebecca Sweatman, Providence Health & Services Sandra Clark, Health Share of Oreg on (Chair) Sunny Lee, Clackamas County Public Health Division Tricia Mortell, Washington C ounty Public Health DivisionPrincipals Group Members 2015-2016 Cindy Becker, FamilyCare He alth Dan Field, Kaiser Permanente David Russell, Adventist Medical Center Douglas Lincoln, Oregon Health & Science University Janet Meyer, Health Share of Oregon Janis Koch, Clark County Public Health Joanne Fuller, Multnomah County Health DepartmentLauren Foote Christe nsen, Legacy Health Manny Berman, Tuality Healthcare Nancy Steiger, PeaceHealth Southwest Medical Center Pam Mariea-Nason, Providence Health & Services Richard Swift, Clackamas Cou nty Public Health Division Tricia Mortell, Washington County Public Health Division

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

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

Form and Line Reference	Explanation
Providence Portland Medical Center	Part V, Section B, Line 6a Providence Milwaukie Hospital, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Adventist Health Portland, Kaiser Permanente Sunnyside and Westside Hospitals, Legacy Health, Oregon Health & Science University (OHSU), PeaceHealth Southwest Medical Center, Tuality Healthcare

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

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	Part V, Section B, Line 6a Providence Milwaukie Hospital, Providence Portland Medical Center, Providence Willamette Falls Medical Center, Adventist Health Portland, Kaiser Permanente Sunnyside and Westside Hospitals, Legacy Health, Oregon Health & Science University (OHSU), PeaceHealth Southwest Medical Center, Tuality Healthcare

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

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	Part V, Section B, Line 6a Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Adventist Health Portland, Kaiser Permanente Sunnyside and Westside Hospitals, Legacy Health, Oregon Health & Science University (OHSU), PeaceHealth Southwest Medical Center, Tuality Healthcare

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

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

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

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

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

Form and Line Reference	Explanation
Providence Seaside Hospital	Part V, Section B, Line 6a Columbia Memorial Hospital

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

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	Part V, Section B, Line 6a Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St Vincent Medical Center, Adventist Health Portland, Kaiser Permanente Sunnyside and Westside Hospitals, Legacy Health, Oregon Health & Science University (OHSU), PeaceHealth Southwest Medical Center, Tuality Healthcare

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

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

Form and Line Reference	Explanation
Providence Portland Medical Center	Part V, Section B, Line 6b Clackamas County Public Health Division, Clark County Public Health, Multnomah County Public Health, Washington County Public Health Division, FamilyCare Health, Health Share of Oregon

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

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	Part V, Section B, Line 6b Clackamas County Public Health Division, Clark County Public Health, Multnomah County Public Health, Washington County Public Health Division, FamilyCare Health, Health Share of Oregon

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

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	Part V, Section B, Line 6b Clackamas County Public Health Division, Clark County Public Health, Multnomah County Public Health, Washington County Public Health Division, FamilyCare Health, Health Share of Oregon

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

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

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

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

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	Part V, Section B, Line 6b Clackamas County Public Health Division, Clark County Public Health, Multnomah County Public Health, Washington County Public Health Division, FamilyCare Health, Health Share of Oregon

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

Form and Line Reference	Explanation
Providence Portland Medical Center	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs in Portland are available online with the CHNA at http //comm unitybenefit providence org/community-health-needs-assessments/ Access to Care -Improve a ccess by providing primary care homes for Oregon Health Plan members in Providence Medical Group through collaboration with Providence Health Plan and Health Share of Oregon -Impro ve access by partnering with community-supported clinics, federally-qualified health cente rs, and school-based health centers to extend hours, provide new services, and offer techn ical assistance -Partner with Project Access NOW to increase insurance enrollment and acce ss to care through the Premium Support Program and Outreach & Enrollment Alliance -Partner with Medical Teams International to provide basic dental care and procedures for remainin g uninsured and Oregon Health Plan members without established dental providers -Enhance c ulturally-responsive care through parish health promoters telehealth clinics -Promote enha nced diversity in hiring practices within Providence to better reflect the community being served Behavioral Health -Partner with Trillium Family Services to pilot mental wellness and anti-stigma campaign in schools-Partner with County health departments on mental healt h in media campaign-Partner with NAMI Oregon to support Mental Health First Aid training (train-the-trainer)-Provide training in trauma-informed care for Emergency Department and o ther providersChronic Conditions -Provide Tomando control de su Salud to Spanish-speaking community members-Provide subsidized chronic conditions self-management education-Partner with American Diabetes Association on Let's Play, Portland!-Partner with Friends of Zenger Farm on CSA Partnerships for Health-Partner with The FIT Project on family-based pediatri c weight management program-Implement 5-2-1-0 messaging in clinics and with community parn tersSocial Determinants of Health and Well-being -Partner with Central City Concern and ot her health systems to build new affordable housing units-Partner with Ride Connection to p rovide medical transportation services-Partner with Project Access NOW to connect eligible clients to Patient Support Program-Partner with Impact NW to operate Community Resource D esk program-Support the Oregon Business Council's Poverty Reduction Task Force, including policy reform for working fami

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

Form and Line Reference	Explanation
Providence Portland Medical Center	lies-Partner with Partners for a Hunger-Free Oregon to support summer meal sites-Support P roject Access NOW to develop Regional Social Determinants of Health Network-Support 211-in fo to provide community and provider trainings on local social service resources-Pilot com munity partner referral system and social needs sceening into EpicThere are other communit y organizations focusing on additional issues, and PH&S-OR is an engaged partner with othe r community led collaborative efforts that are working to address other needs identified

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs are available at http //communitybenefit providence org/commu nity-health-needs-assessments/ Access to Care -Improve access by providing primary care h omes for Oregon Health Plan members in Providence Medical Group through collaboration with Providence Health Plan and Health Share of Oregon -Improve access by partnering with comm unity-supported clinics, federally-qualified health centers, and school-based health cente rs to extend hours, provide new services, and offer technical assistance -Partner with Pro ject Access NOW to increase insurance enrollment and access to care through the Premium Su pport Program and Outreach & Enrollment Alliance -Partner with Medical Teams International to provide basic dental care and procedures for remaining uninsured and Oregon Health Pla n members without established dental providers -Parnter with the Oregon Community Foundati on's Children's Dental Health Initiative to fund and support youth oral health across the state Behavioral Health -Partner with Trillium Family Services to pilot mental wellness an d anti-stigma campaign in schools-Implement peer and recovery support specialist/doula for pregnant women experiencing addiction-Partner with NAMI Oregon to support Mental Health F irst Aid training (train-the-trainer)-Provide training in trauma-informed care for Emergen cy Department and other providersChronic Conditions -Provide Tomando control de su Salud t o Spanish-speaking community members-Provide subsidized chronic conditions self-management education-Partner with American Diabetes Association on Let's Play, Portland!-Partner wit h Friends of Zenger Farm on CSA Partnerships for Health-Partner with The FIT Project on fa mily-based pediatric weight management program-Implement 5-2-1-0 messaging in clinics and with community parntersSocial Determinants of Health and Well-being -Partner with Central City Concern and other health systems to build new affordable housing units-Partner with M eals on Wheels to provide meals for eligible patients upon discharge-Partner with Project Access NOW to connect eligible clients to Patient Support Program-Pilot social service ref erral system and social needs sceening into Epic-Partner with Impact NW to operate Communi ty Resource Desk program-Support the Oregon Business Council's Poverty Reduction Task Forc e, including policy reform for

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	working families-Support Project Access NOW to develop Regional Social Determinants of He alth Network-Partner with Partners for a Hunger-Free Oregon to support summer meal sites-S upport 211-info to provide community and provider trainings on local social service resour cesThere are other community organizations focusing on additional issues, and PH&S-OR is a n engaged partner with other community led collaborative efforts that are working to addre ss other needs identified

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs are available at http //communitybenefit providence org/commu nity-health-needs-assessments/ Access to Care -Improve access by providing primary care ho mes for Oregon Health Plan members in Providence Medical Group through collaboration with Providence Health Plan and Health Share of Oregon -Improve access by partnering with commu nity-supported clinics, federally-qualified health centers, and school-based health center s to extend hours, provide new services, and offer technical assistance -Partner with Proj ect Access NOW to increase insurance enrollment and access to care through the Premium Sup port Program and Outreach & Enrollment Alliance -Parnter with the Oregon Community Foundat ion's Children's Dental Health Initiative to fund and support youth oral health in North C lackamas -Promote enhanced diversity in hiring practices within Providence to better refle ct the community being served Behavioral Health -Partner with Trillium Family Services to pilot mental wellness and anti-stigma campaign in schools-Peer and recovery support specia list/doula for pregnant women experiencing addiction-Partner with NAMI Oregon to support M ental Health First Aid training (train-the-trainer)-Provide training in trauma-informed ca re for Emergency Department and other providers-Operate geriatric psychiatric unit-Partner with Clackamas County on mental health in media campaignChronic Conditions -Provide Toman do control de su Salud to Spanish-speaking community members-Provide subsidized chronic co nditions care management education-Partner with American Diabetes Association on Let's Pla y, Portland!-Partner with Friends of Zenger Farm on CSA Partnerships for Health-Implement 5-2-1-0 messaging in clinics and with community parnters-Partner with The FIT Project on f amily-based pediatric weight management programSocial Determinants of Health and Well-bein g -Partner with Central City Concern and other health systems to build new affordable hous ing units-Partner with Partners for a Hunger-Free Oregon to support and host summer meal s ites-Partner with Project Access NOW to connect eligible clients to Patient Support Progra m-Pilot social service referral system and social needs sceening into Epic-Partner with Im pact NW to operate Community Resource Desk program-Support the Oregon Business Council's P overty Reduction Task Force, I

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	ncluding policy reform for working families-Support Project Access NOW to develop Regional Social Determinants of Health Network-Support 211-info to provide community and provider trainings on local social service resources-Operate the Community Teaching Kitchen and Foo d Pharmacy to support chronic conditions management and healthy food accessThere are other community organizations focusing on additional issues, and PH&S-OR is an engaged partner with other community led collaborative efforts that are working to address other needs ide ntified

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

Form and Line Reference	Explanation
Providence Hood River Mem Hospital	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs are available at http //communitybenefit providence org/commu nity-health-needs-assessments/ Access to Care -Improve access by providing primary care ho mes for Oregon Health Plan members in Providence Medical Group-Partner with the Children's Dental Health Initiative to improve access to preventive dental care services in schools- Partner with community agencies on Bridges to Health to implement Pathways Community Hub m odel-Provide rural residency training for two primary care residents annually to increase providers available in the community-Support Columbia Gorge Community College on Nursing F aculty Sponsorship to increase providers available in the community-Partner with Hood Rive r County Health Department to provide vaccines for uninsured youth and adults-Provide in-k ind athletic trainer for Hood River County School District-Partner with United Way of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs identified in the Regional Community Health AssessmentBehavioral Health -Mental wellness and anti-st igma campaign in schools-Partner with NAMI Oregon to support Mental Health First Aid train ing (train-the-trainer)-Provide training in trauma-informed care for Emergency Department and other providers-Partner with United Way of the Columbia Gorge to fund the Collective I mpact Health Specialist to address needs identified in the Regional Community Health Asses smentChronic Conditions -Partner with Gorge Grown Food Network to provide veggie prescript ions to pregnant women-Partner with One Community Health on Pasos para la familia program- Implement 5-2-1-0 messaging in clinics and with community partners-Support Hood River Coun ty Health Department to employ school nurses-Provide reduced-cost medication through Medic ation Assistance Program for individuals with chronic conditions-Partner with United Way o f the Columbia Gorge to fund the Collective Impact Health Specialist to address needs iden tified in the Regional Community Health AssessmentSocial Determinants of Health and Well-b eing -Provide transportation and other assistance through Volunteers in Action program-Par tner with Project Access NOW to connect eligible clients to Patient Support Program-Suppor t the Oregon Business Council's Poverty Reduction Task Force, including policy reform for working families-Partner with

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

Form and Line Reference	Explanation
Providence Hood River Mem Hospital	Partners for a Hunger-Free Oregon to support summer meal sites-Support 211-info to provide community and provider trainings on local social service resources-Partner with United Wa y of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs i dentified in the Regional Community Health AssessmentThere are other community organizatio ns focusing on additional issues, and PH&S-OR is an engaged partner with other community l ed collaborative efforts that are working to address other needs identified

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

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

Form and Line Reference	Explanation
Providence Seaside Hospital	Part V, Section B, Line 11 Providence is working both internally and with community partners to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities reflect the needs identified in the previous CHNA The key identified needs from the 2013 CHNA were grouped into four major categories Access to Care, Behavioral Health, Chronic Conditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available at http //communitybenefit providence org/community-health-needs-assessments/ Access to Care -Improve access by providing primary care homes for Oregon Health Plan members in Providence Medical Group-Partner with Medical Teams International to provide mobile dental services-Implement the Children's Dental Health Initiative grant through Providence Seaside Foundation in partnership with Clatsop County schoolsBehavioral Health -Implement mental wellness and anti-stigma campaign in partnership with local schools-Partner with Foster Club to provide peer support services for foster youth-Partner with NAMI Oregon to support Mental Health First Aid training (train-the-trainer)-Provide training in trauma-informed care for Emergency Department and other providers-Partner with Restoration House to provide safe housing for individuals re-entering the community-Partner with The Harbor to support mothers and children escaping domestic violence and support them in recovery-Support ongoing operations of Caring for Clatsop Respite Center to improve behavioral health accessChronic Conditions -Partner with Way to Wellville on Clatsop County Kids Go and Rx Play programs-Partner with Sunset Empire Parks and Recreation District to implement childhood obesity prevention project-Implement 5-2-1-0 messaging in clinics and with community partners-Explore opportunities to offer subsidized chronic conditions self-management educationSocial Determinants of Health and Well-being -Partner with Clatsop Community Action to implement Community Resource Desk program-Partner with Project Access NOW to connect eligible clients to Patient Support Program-Partner with Helping Hands Re-entry Outreach Centers to provide emergency shelter, food, and services-Support the Oregon Business Council's Poverty Reduction Task Force, including policy reform for working families-Partner with Partners for a Hunger-Free Oregon to support summer meal sites-Support 211-info to provide community and provider trainings on local social service resourcesThere are other community organizations focusing on additional issues, and PH&S-OR is an engaged partner with other community led collaborative efforts that are working to address other needs identified

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

Form and Line Reference	Explanation
Providence Newberg Medical Center	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs are available at http //communitybenefit providence org/commu nity-health-needs-assessments/ Access to Care -Improve access by providing primary care ho mes for Oregon Health Plan members in Providence Medical Group-Identify potential FQHC or SBHC partners to offer technical assistance and develop ideas for further partnership-Supp ort Pacific University dental program and Medical Teams International to provide free or l ow-cost dental services-Host Latina Mammography fair and provide free breast cancer screen ings-Enhance culturally-responsive care through parish health promoters telehealth clinics -Parnter with St Peter Catholic School to provide health professions scholarship program Behavioral Health -Mental wellness and anti-stigma campaign in schools-Mental Health in Me dia campaign-Mental Health First Aid training (train-the-trainer)-Provide training in trau ma-informed care for Emergency Department and other providers-Partner with Newberg schools and George Fox University to prevent adolescent suicides-Provide reduced or no-cost acces s to the "Persistent Pain" program-Work with Providence Medical Group to reduce opiate pre scription rates-Support Yamhill County to implement Narcan Initiative to reduce opiate dea ths-Parnter with Luthern Community Services NW's "A Family Place" relief nurseyChronic Con ditions -Provide Tomando control de su Salud to Spanish-speaking community members-Provide subsidized chronic conditions self-management education-Implement 5-2-1-0 messaging in cl inics and with community partners-Partner with Yamhill County on Physical Activity/Nutriti on Collaborative to implement best practice nutrition and activity education in schoolsSoc ial Determinants of Health and Well-being -Parnter with Helping Hands Re-Entry Outreach Ce nters to provide emergency shelter and re-entry services-Partner with Project Access NOW t o connect eligible clients to Patient Support Program-Grow produce to donate to Newberg FI SH Emergency Services in Community Garden-Support the Oregon Business Council's Poverty Re duction Task Force, including policy reform for working families-Partner with Partners for a Hunger-Free Oregon to support summer meal sites-Support 211-info to provide community a nd provider trainings on local social service resourcesThere are other community organizat ions focusing on additional is

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

Form and Line Reference	Explanation
Providence Newberg Medical Center	sues, and PH&S-OR is an engaged partner with other community led collaborative efforts tha t are working to address other needs identified

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

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

Form and Line Reference	Explanation
Providence Medford Medical Center	Part V, Section B, Line 11 Providence is working both internally and with community partners to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities reflect the needs identified in the previous CHNA The key identified needs from the 2013 CHNA were grouped into four major categories Access to Care, Behavioral Health, Chronic Conditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available at http //communitybenefit providence org/community-health-needs-assessments/ Access to Care -Improve access by providing primary care homes for Oregon Health Plan members in Providence Medical Group-Partner with St Vincent de Paul and Medical Teams International to provide free- or reduced-cost dental services-Partner with Rogue Community Health to support mobile dental outreach, particularly in the Upper Rogue-Partner with Rogue Community Health to support the Integrated Health & Wellness program, including community health workervisits-Promote enhanced diversity in hiring practices within Providence to better reflect the community being servedBehavioral Health -Partner with Rogue Retreat to establish Hope Village and supportive programs for residents-Partner with NAMI Oregon to support Mental Health First Aid training (train-the-trainer) -Provide training in trauma-informed care for Emergency Department and other providers-Partner with United Way of Jackson County to support ACES/implicit bias training in schools-Provide reduced or no-cost access to the "Persistent Pain" programChronic Conditions -Partner with Kids Unlimited on Health & Wellness program for youth-Implement 5-2-1-0 messaging in clinics and with community partners-Partner with YMCA on Junior Wellness program to increase physical activity and nutrition in youthSocial Determinants of Health and Well-being -Explore opportunities to implement Community Resource Desk model in 2018-Partner with Project Access NOW to connect eligible clients to Patient Support Program-Support the Oregon Business Council's Poverty Reduction Task Force, including policy reform for working families-Partner with Partners for a Hunger-Free Oregon to support summer meal sites-Support 211-info to provide community and provider trainings on local social service resourcesThere are other community organizations focusing on additional issues, and PH&S-OR is an engaged partner with other community led collaborative efforts that are working to address other needs identified

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	Part V, Section B, Line 11 Providence is working both internally and with community partn ers to address the significant needs identified The 2016 CHNA resulted in a new Community Health Improvement Plan adopted in May, 2017, though 2016 community benefit activities re flect the needs identified in the previous CHNA The key identified needs from the 2013 CH NA were grouped into four major categories Access to Care, Behavioral Health, Chronic Con ditions, and Social Determinants of Health and Well-being These categories include basic needs, such as food security, stable housing, and transportation The key strategies for a ddressing these health needs are available at http //communitybenefit providence org/commu nity-health-needs-assessments/ Access to Care -Improve access by providing primary care ho mes for Oregon Health Plan members in Providence Medical Group through collaboration with Providence Health Plan and Health Share of Oregon -Improve access by partnering with commu nity-supported clinics, federally-qualified health centers, and school-based health center s to extend hours, provide new services, and offer technical assistance -Partner with Proj ect Access NOW to increase insurance enrollment and access to care through the Premium Sup port Program and Outreach & Enrollment Alliance -Partner with Medical Teams International and The Canby Center to provide basic dental care and procedures for remaining uninsured a nd Oregon Health Plan members without established dental providers -Promote enhanced diver sity in hiring practices within Providence to better reflect the community being served Be havioral Health -Partner with Trillium Family Services to pilot mental wellness and anti-s tigma campaign in schools-Partner with NAMI Oregon to support Mental Health First Aid trai ning (train-the-trainer)-Partner with County health departments on mental health in media campaign-Provide training in trauma-informed care for Emergency Department and other provi ders-Support Clackamas Women's Services to complete Village of Hope respite home and recov ery center for women and children experiencing domestic violence -Partner with NAMI to sup port parents at-risk for child abuse and neglect in Gladstone School District-Operate Chil d and Adolescent Psychiatric UnitChronic Conditions -Provide Tomando control de su Salud t o Spanish-speaking community members-Provide subsidized chronic conditions care management education-Partner with American Diabetes Association on Let's Play, Portland!-Partner wit h Friends of Zenger Farm on CSA Partnerships for Health-Implement 5-2-1-0 messaging in cli nics and with community parnters-Partner with The FIT Project on family-based pediatric we ight management programSocial Determinants of Health and Well-being -Partner with Central City Concern and other health systems to build new affordable housing units-Partner with P artners for a Hunger-Free Oregon to support and host summer meal sites-Partner with Projec t Access NOW to connect eligib

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	le clients to Patient Support Program-Pilot social service referral system and social need s sceening into Epic-Partner with Impact NW to operate Community Resource Desk program-Sup port the Oregon Business Council's Poverty Reduction Task Force, including policy reform f or working families-Support Project Access NOW to develop Regional Social Determinants of Health Network-Support 211-info to provide community and provider trainings on local socia l service resources-Operate the Community Teaching Kitchen and Food Pharmacy to support ch ronic conditions management and healthy food accessThere are other community organizations focusing on additional issues, and PH&S-OR is an engaged partner with other community led collaborative efforts that are working to address other needs identified

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

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

Form and Line Reference	Explanation
Providence Portland Medical Center	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence St Vincent Medical Center	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Milwaukie Hospital	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Hood River Mem Hospital	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Seaside Hospital	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Newberg Medical Center	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Medford Medical Center	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

Form and Line Reference	Explanation
Providence Willamette Falls Med Ctr	Part V, Section B, Line 16j The FAP signage and information are included on billing statements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 10a	communitybenefit providence org/community-health-needs-assessments/

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 120

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence St Vincent Medical Foundation 9205 SE Barnes Rd Portland, OR 97225	93-0575982	501 (c)(3)	1,560,315				Community health support
Project Access Now 1311 NW 21st Avenue Portland, OR 97296	20-8928388	501 (c)(3)	1,551,943				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 97213	93-1231494	501 (c)(3)	607,944				Community health support
Providence Child Center Foundation 830 NE 47th Portland, OR 97213	93-0800140	501 (c)(3)	380,668				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Central City Concern 232 NW Everett Street Portland, OR 97209	93-0728816	501 (c)(3)	334,833				Community health support
Providence Newberg Foundation 1001 Providence Dr Newberg, OR 97132	93-0889144	501 (c)(3)	261,495				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504	93-0692907	501 (c)(3)	248,386				Community health support
Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222	94-3079515	501 (c)(3)	236,365				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Medical Teams International PO Box 10 Portland, OR 97207	93-0878944	501 (c)(3)	162,250				Community health support
Providence Willamette Falls Foundation 1500 Division Street Oregon City, OR 97045	93-1003750	501 (c)(3)	155,823				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Virginia Garcia Memorial Clinic PO Box 568 Cornelius, OR 97313	93-0717997	501 (c)(3)	152,500				Community health support
Impact NW PO Box 33530 Portland, OR 97292	93-0557964	501 (c)(3)	150,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence Seaside Foundation 725 S Wahanna Rd Seaside, OR 97138	93-0927320	501 (c)(3)	139,673				Community health support
The Oregon Community Foundation 1221 SW Yamhill 100 Portland, OR 97205	23-7315673	501 (c)(3)	130,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of Zenger Farm 11741 SE Foster Rd Portland, OR 97266	93-1269630	501 (c)(3)	127,500				Community health support
United Way of the Columbia-Willamette 619 SW 11th Ave Ste 300 Portland, OR 97205	93-0582124	501 (c)(3)	125,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence Benedictine Nursing Center Foundation 540 S Main Street Mt Angel, OR 97362	91-1940286	501 (c)(3)	119,661				Community health support
Legacy Health 1919 NE Lovejoy street Portland, OR 97209	23-7426300	501 (c)(3)	100,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mental Health Association of Oregon 10373 NE Hancock St Ste 132 Portland, OR 97220	93-1012686	501 (c)(3)	95,000				Community health support
Providence Hood River Memorial Hospital Foundation 811 13th St Hood River, OR 97031	93-0921990	501 (c)(3)	91,894				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Southwest Community Health Center 7754 SW Capital Highway Portland, OR 97219	74-3050497	501 (c)(3)	90,000				Community health support
Oregon Business Council 1100 SW 6th Ave Ste 1608 Portland, OR 97204	93-0884244	501 (c)(6)	85,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Diabetes Association 2451 Crystal Drive Rm 900 Arlington, VA 22202	13-1623888	501 (c)(3)	75,000				Community health support
The Next Door Inc 965 Tucker Road Hood River, OR 97031	93-0600421	501 (c)(3)	71,485				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hood River County Health Department 1109 June Street Hood River, OR 97031	93-6002297	Government	62,897				Community health support
Oregon Health Science University 3181 SW Sam Jackson Park Road Portland, OR 97239	93-1176109	501 (c)(3)	61,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities 231 SE 12th Avenue Portland, OR 97214	93-0386801	501 (c)(3)	50,000				Community health support
FIT Project 2432 NW Northrup St Portland, OR 97210	46-0575418	501 (c)(3)	50,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kids Unlimited of Oregon 821 N Riverside Medford, OR 97501	93-1329922	501 (c)(3)	50,000				Community health support
Rogue Retreat 1410 W 8th Street Medford, OR 97501	93-1261999	501 (c)(3)	50,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yamhill County 535 NE 5th St McMinnville, OR 97128	93-6002318	Government	50,000				Community health support
Helping Hands Re-Entry Outreach Centers PO Box 413 Seaside, OR 97138	27-1158468	501 (c)(3)	43,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Clatsop Community Action 364 9TH Street Astoria, OR 97103	93-1010260	501 (c)(3)	42,650				Community health support
Rogue Community Health 19 Myrtle Street Medford, OR 97504	23-7366812	501 (c)(3)	41,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of Hood River PO Box 27 Hood River, OR 97031	93-6002186	Government	40,000				Community health support
Connect the Dots PO Box 2426 Gearhart, OR 97138	46-1906387	501 (c)(3)	40,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lutheran Community Services Northwest 4040 S 188th Street 300 SeaTac, WA 98188	93-0386860	501 (c)(3)	40,000				Community health support
NAMI - Oregon 4701 SE 24th Ave No E Portland, OR 97202	93-0875209	501 (c)(3)	37,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gorge Grown Food Network 203 2nd Street Hood River, OR 97031	26-2910949	501 (c)(3)	35,000				Community health support
One Community Health 849 Pacific Ave Hood River, OR 97031	93-0910794	501 (c)(3)	35,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Society of St Vincent De Paul PO Box 42157 Portland, OR 97242	93-0831082	501 (c)(3)	31,968				Community health support
Partners for a Hunger Free Oregon 712 SE Hawthorne Boulevard Suite 2 Portland, OR 97214	20-4970868	501 (c)(3)	27,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ride Connection Inc 9955 NE Glisan St Portland, OR 97220	94-3076771	501 (c)(3)	27,500				Community health support
St Joseph The Worker Corporate Internship Program 7528 N Fenwick Ave Portland, OR 97217	93-1322114	501 (c)(3)	27,295				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Columbia Gorge Community College 400 East Scenic Drive The Dalles, OR 97058	93-0700843	501 (c)(3)	26,600				Community health support
LifeWorks NW 14600 NW Cornell Road Portland, OR 97229	93-0502822	501 (c)(3)	26,150				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Oral Health Coalition PO Box 3132 Wilsonville, OR 97070	30-0449673	501 (c)(3)	26,000				Community health support
American Heart Association Inc 7272 Greenville Ave Dallas, TX 75231	13-5613797	501 (c)(3)	25,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Area Health Education Center of Southwest Oregon 5010 Grange Dr Ste 101 Roseburg, OR 97471	93-1142558	501 (c)(3)	25,000				Community health support
Children First for Oregon PO Box 14914 Portland, OR 97293	94-3168157	501 (c)(3)	25,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Clackamas Women's Services 256 Warner Milne Rd Oregon City, OR 97045	93-0900119	501 (c)(3)	25,000				Community health support
Enterprise Community Partners Inc 11000 Broken Land Parkway Ste 700 Columbia, MD 21044	52-1231931	501 (c)(3)	25,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Self Enhancement Inc 3920 N Kerby Ave Portland, OR 97227	93-1086629	501 (c)(3)	25,000				Community health support
Volunteers of America 3910 SE Stark Street Portland, OR 97214	93-0395591	501 (c)(3)	25,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rogue Community College Foundation 3345 Redwood Highway Grants Pass, OR 97527	93-0777701	501 (c)(3)	21,000				Community health support
Clackamas Volunteers in Medicine PO Box 2592 Oregon City, OR 97045	37-1621141	501 (c)(3)	20,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Action Organization 1001 SW Baseline Hillsboro, OR 97123	93-0554941	501 (c)(3)	20,500				Community health support
Free Clinic of Southwest Washington 4100 Plomondon Street Vancouver, WA 98661	91-1707542	501 (c)(3)	20,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Portland Adventist Community Services 11020 NE Halsey St Portland, OR 97220	35-2468744	501 (c)(3)	20,500				Community health support
SportsOne Inc 9640 SW Sunshine Court Ste 400 Beaverton, OR 97005	93-1300972	Other	20,000				Community health support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Evergreen Habitat for Humanity PO Box 871570 Vancouver, WA 98687	91-1557462	501 (c)(3)	17,500				Community health support
The Canby Center 681 SW 2nd Avenue Canby, OR 97013	51-0603464	501 (c)(3)	17,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Skanner Foundation PO Box 5455 Portland, OR 97228	93-1109980	501 (c)(3)	17,000				Community health support
Oregon Public Health Institute 310 SW 4th Ave Ste 900 Portland, OR 97204	93-1259522	501 (c)(3)	16,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FosterClub Inc 810 Broadway St 203 Seaside, OR 97138	93-1287234	501 (c)(3)	15,000				Community health support
Jackson County SART 43 Morninglight Dr Ashland, OR 97520	81-0650183	501 (c)(3)	15,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Laurelhurst PTA Oregon Congress 840 NE 41st Ave Portland, OR 97232	93-6039354	501 (c)(3)	15,000				Community health support
New City Initiative 1435 NE 81st Ave Portland, OR 97213	45-4987818	501 (c)(3)	15,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Association of Hospitals Research & Education Foundation 400 Kruse Way Pl Bldg 2 No 100 Lake Oswego, OR 97035	94-3098610	501 (c)(3)	14,750				Community health support
Pacific University 2043 College Way Forest Grove, OR 97116	93-0386892	501 (c)(3)	14,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hispanic Metropolitan Chamber 333 SW 5th Avenue Suite 100 Portland, OR 97204	93-1156358	501 (c)(3)	13,600				Community health support
United Way of Jackson County Inc 1457 East McAndrews Medford, OR 97504	93-0576632	501 (c)(3)	13,350				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Center for Nursing 5000 N Willamette Boulevard MSC 1 Portland, OR 97203	74-3052430	501 (c)(3)	13,000				Community health support
Portland-Guadalajara Sister City Assoc PO Box 728 Portland, OR 97207	93-0906775	501 (c)(3)	12,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Basic Rights Education Fund PO Box 40625 Portland, OR 97240	93-1266613	501 (c)(3)	11,000				Community health support
Oregon Food Bank PO Box 55370 Portland, OR 97238	93-0785786	501 (c)(3)	10,450				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ecumenical Ministries of Oregon 245 SW Bancroft St Portland, OR 97213	93-0625359	501 (c)(3)	10,280				Community health support
211Info PO Box 11830 Portland, OR 97211	93-0784586	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Albertina Kerr Centers Foundation 424 NE 22nd Avenue Portland, OR 97232	93-1297104	501 (c)(3)	10,000				Community health support
Black Parent Initiative 6325 NE 27th Ave Portland, OR 97211	20-5686374	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Emergency Communications of Southern Oregon 400 Pech Road Central Point, OR 97502	93-0951998	Government	10,000				Community health support
Immigrant and Refugee Community Organization 10301 NE Glisan St Portland, OR 97220	93-0806295	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAMI Southwest Washington 5411 E Mill Plain Blvd Vancouver, WA 98661	91-1065027	501 (c)(3)	10,000				Community health support
Oregon Hospice Association Inc PO Box 10796 Portland, OR 97296	93-0705342	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Latino Health Coalition 240 N Broadway St No 115 Portland, OR 97227	26-1530127	501 (c)(3)	10,000				Community health support
Our Lady of Guadalupe - Trappist Abbey 9200 NE Abbey Rd Carlton, OR 97111	93-0500716	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Portland Gay Men's Chorus PO Box 3223 Portland, OR 97208	93-0776616	501 (c)(3)	10,000				Community health support
Restoration House Inc 208 N Holladay St PO Box 641 Seaside, OR 97138	93-1271134	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sunset Empire Park & Recreation District PO Box 514 Seaside, OR 97138	93-1251337	501 (c)(3)	10,000				Community health support
The Harbor PO Box 1342 Astoria, OR 97103	93-0691750	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Oregon Partnership Inc 5100 SW Macadam Ave Portland, OR 97239	93-0725294	501 (c)(3)	10,000				Community health support
Young Men's Christian Association of Medford Oregon 522 West Sixth St Medford, OR 97501	93-0391645	501 (c)(3)	10,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Youth Villages Inc 3320 Brother Boulevard Memphis, TN 38133	58-1716970	501 (c)(3)	10,000				Community health support
Columbia Gorge CASA PO Box 663 Hood River, WA 97031	20-8443275	501 (c)(3)	9,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation Inc 5005 LBJ Freeway Dallas, TX 75244	75-1835298	501 (c)(3)	8,250				Community health support
Mary's Woods at Marylhurst Inc 17400 Holy Names Dr Ste 70 Lake Oswego, OR 97034	91-1833480	501 (c)(3)	8,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon City Schools Foundation PO Box 85 Oregon City, OR 97045	93-1269595	501 (c)(3)	7,500				Community health support
St Andrew Nativity School 4925 NE 9th Ave Portland, OR 97211	93-1291049	501 (c)(3)	7,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vietnamese Community of Oregon PO Box 55416 Portland, OR 97238	32-0263661	501 (c)(3)	7,500				Community health support
World Arts Foundation Inc PO Box 12384 Portland, OR 97212	93-0830736	501 (c)(3)	7,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Down Syndrome Network Oregon PO Box 248 Maryhurst, OR 97036	20-1927900	501 (c)(3)	7,350				Community health support
Our House of Portland Inc 2727 SE Alder Street Portland, OR 97214	93-0986632	501 (c)(3)	7,150				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon State University Foundation 850 SW 35th Street Corvallis, OR 97333	93-6022772	501 (c)(3)	6,859				Community health support
American Lung Association of the Mountain Pacific 822 John Street Seattle, WA 98109	93-0386887	501 (c)(3)	6,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Portland 5000 N Willamette Blvd Portland, OR 97203	93-0401259	501 (c)(3)	6,000				Community health support
Hood River Volunteer Firefighters Association 1785 Meyer Parkway Hood River, OR 97031	45-4856711	Other	5,700				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Asian Health & Service Center Inc 3430 SE Powell Blvd Portland, OR 97202	93-1192100	501 (c)(3)	5,600				Community health support
American Cancer Society Inc 250 Williams St NW Ste 400 Atlanta, GA 30303	13-1788491	501 (c)(3)	5,500				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
African American Health Coalition 2014 2800 N Vancouver Ave 100 Portland, OR 97227	93-1015277	501 (c)(3)	5,000				Community health support
Asian Pacific American Network of Oregon PO Box 6552 Portland, OR 97208	80-0252850	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Familias En Accion 2710 NE 14th Ave Portland, OR 97212	93-1284335	501 (c)(3)	5,000				Community health support
Jefferson Regional Healthcare Alliance 670 Superior Court Medford, OR 97504	59-3813059	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Natives of One Wind Indigenous Alliance 27 N Ivy St Medford, OR 97501	26-1810916	501 (c)(3)	5,000				Community health support
Northwest Regional Primary Care Association 200 W Thomas St No 330 Seattle, WA 98119	91-1252785	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Chapter American College of Cardiology PO Box 55424 Portland, OR 97238	94-3198757	501 (c)(6)	5,000				Community health support
Pancreatic Cancer Action Network Inc 1500 Rosecrans Ave No 200 Manhattan Beach, CA 90266	33-0841281	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Playworks Education Energized 380 Washington Street Oakland, CA 94607	94-3251867	501 (c)(3)	5,000				Community health support
Portland Opportunities Industrialization Center Inc 717 N Killingsworth Court Portland, OR 97217	93-0593858	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis House of Odell PO Box 1734 Hood River, OR 97031	26-1778558	501 (c)(3)	5,000				Community health support
The Friends of Creston Children's Dental Clinic 10505 SE 17th Ave Milwaukie, OR 97222	32-0300896	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Leukemia & Lymphoma Society Inc 3 International Drive Rye Brook, NY 10573	13-5644916	501 (c)(3)	5,000				Community health support
Urban League of Portland Inc 10 North Russell Street Portland, OR 97227	93-0395590	501 (c)(3)	5,000				Community health support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wisdom of the Elders 3203 SE 109th Ave Portland, OR 97266	93-1164114	501 (c)(3)	5,000				Community health support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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
See Additional Data	

Additional Data

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

Part III, Supplemental 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 the related organization'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 Travel or Charter Travel or Travel of Companions Air travel is reimbursable 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 full fare tickets and charter must be approved by a senior level supervisor 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 Administrative Officer (EVP, CAO) of Providence St Joseph Health 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 2016, there were 22 First Class tickets utilized by Officers, Directors or Key Employees listed on Form 990, Part VII Tax Indemnifications or Gross-Up Payments - Relocation 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 2016, there were 4 Key Employees receiving gross-up payments The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990 Tax Indemnifications or Gross-Up Payments - Financial/Retirement Planning Providence Health & Services follows the federal and state taxation laws related to other 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 these other 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 financial/retirement planning benefits, during 2016 only, to offset the personal tax burden to the employee for IRS allowable expenses During 2016, there were 4 Officers, 13 Key Employees and 1 Former Key Employee receiving this type of gross-up payment The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990 Housing Allowance or Residence for Personal Use Providence Health & Services provides housing allowances for purposes of relocation assistance only Providence may pay temporary living expenses for the employee up to a maximum of 90 calendar days Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services The EVP, CAO PSJH 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 2016, there were 4 Key Employees receiving relocation/housing program payments The amounts reported for these relocation/housing payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990

Part III, Supplemental Information

Return Reference	Explanation
Part I, Lines 4a-b	NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan D) DCRP = Defined Contribution Restoration Plan 1) Rod Hochman, MD a) SERP Earned but not Paid - $71,434 2) Cindy Strauss a) SERP Earned but not Paid - $23,073 3) Michael Butler a) SERP Vested but not Paid - $4,194,363 b) SERP Interest Credit - $280,622 4) Jo Ann Escasa-Haigh a) SERP Earned but not Vested - $144,759 5) Dave Underriner a) SERP Interest Credit - $83,247 b) ESP Interest Credit - $3,482 6) William Olson a)SERP Interest Credit - $13,835 b)SERP Earned but not Paid - $90,936 7) Doug Koekkoek a)SERP Interest Credit - $27,473 b)SERP Earned but not Paid - $225,771 c)CBRP Earned but not Paid - $53,431 8) Theron Park a)SERP Earned but not Vested - $139,763 b)SERP Interest Credit - $564 9) Debra Canales a) SERP Earned but not Vested - $578,244 10) Rhonda Medows, MD a) SERP Earned but not Vested - $267,369 b) SERP Interest Credit - $11,866 11) Lisa Vance a) SERP Interest Credit - $79,015 12) Janice Newell a) SERP Earned but not Paid - $23,422 13) Amy Compton-Phillips a) SERP Earned but not Vested - $223,438 b) SERP Interest Credit - $8,418 14) Aaron Martin a) SERP Earned but not Vested - $188,376 15) Joel Gilbertson a) SERP Earned but not Vested - $160,455 b) SERP Interest Credit - $39,169 16) Orest Holubec a) SERP Earned but not Vested - $144,707 b) SERP Interest Credit - $19,483 17) Greg Till a) SERP Earned but not Vested - $78,010 b) SERP Interest Credit - $10,002 18) Sharon Toncray a) SERP Earned but not Vested- $172,369 b) SERP Interest Credit - $22,823 19) Jack Mudd a) SERP Earned but not Paid - $5,896 b) SERP Interest Credit - $115,845 20) Debbie Burton a) SERP Earned but not Paid - $16,879 b) SERP Interest Credit - $37,391 21) Mike Waters a) SERP Earned but not Vested - $143,129 b) SERP Interest Credit - $10,334 22) David Brown a) SERP Earned but not Vested - $134,921 b) SERP Interest Credit - $42,528 23) Mary Cranstoun a) SERP Earned but not Vested - $77,234 24) Paul Stoddart a) SERP Interest Credit - $8,530 25) Emery Douville a) DCRP Earned but not Paid - $84,130 26) Gary Ott a) DCRP Earned but not Paid- $83,142 27) Jeffrey Swanson a) DCRP Earned but not Paid - $36,959 28) Walter Urba a) DCRP Earned but not Paid - $53,915 29) Randy Axelrod, MD a) SERP Paid - $564,384 30) Craig Wright, MD a) SERP Earned but not Paid - $233,982

Part III, Supplemental Information

Return Reference	Explanation
Part I, Lines 4a-b	SEVERANCE 1) Paul Stoddart - $77,130 2) Randy Axelrod - $850,776 3) Craig Wright, MD - $525,300

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE 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) For Providence leaders, the performance award is based on the level of accomplishment of annual system and functional (or market) objectives In 2016, 60 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's strategic priorities In 2016 the percent allocation for each of these strategic priorities was as outlined below System Goals First-year Turnover - 10% Inpatient Experience - 5% Patient Experience - 5% Medical Group Patient Experience - 5% Community Benefit - 10% Clinical Excellence - 15% Free Cash Flow - 10% The remaining 40% was based on a robust set of function specific goals designed to align critical mission and business drivers

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Rod F Hochman MD President / CEO - Thru 6/16	(I)	0	0	0	0	0	0	0
	(II)	1,912,650	2,130,271	18,000	25,159	-18,384	-4,104,464	0
1Mike Butler President - Eff 7/16	(I)	0	0	0	0	0	0	0
	(II)	1,241,463	5,618,732	46,498	324,347	-25,286	-7,256,326	2,182,191
2Todd Hofheins EVP/CFO /Treas Thru 11/16	(I)	0	0	0	0	0	0	0
	(II)	765,052	762,582	43,806	33,684	-26,986	-1,632,110	0
3Jo Ann Escasa-Haigh Interim CFO/Treasurer	(I)	0	0	0	0	0	0	0
	(II)	284,195	465,096	6,125	158,719	-9,471	-923,606	0
4Cindy Strauss EVP/Chief Legal Officer	(I)	0	0	0	0	0	0	0
	(II)	657,902	762,672	42,206	35,775	-22,491	-1,521,046	0
5Dave Underriner CE/OR Region	(I)	0	0	0	0	0	0	0
	(II)	609,557	467,697	46,787	137,090	-25,843	-1,286,974	0
6William Olson VP/Financial Operations - OR	(I)	0	0	0	0	0	0	0
	(II)	379,833	289,554	18,000	46,714	-13,095	-747,196	0
7Debra CanalesEVP/CAO	(I)	0	0	0	0	0	0	0
	(II)	801,127	1,168,376	122,854	598,119	-13,490	-2,703,966	0
8Janice Newell SVP/Chief Information Officer	(I)	0	0	0	0	0	0	0
	(II)	576,214	517,269	44,010	18,550	-15,548	-1,171,591	0
9Joel Gilbertson SVP/Community Partnerships	(I)	0	0	0	0	0	0	0
	(II)	443,246	350,838	47,943	224,819	-23,028	-1,089,874	0
10Orest Holubec SVP/Chief Comm /Ext Affairs Officer	(I)	0	0	0	0	0	0	0
	(II)	396,372	343,782	42,534	185,290	-22,516	-990,494	0
11Greg Till VP/Chief Talent Officer	(I)	0	0	0	0	0	0	0
	(II)	396,660	378,331	1,020	99,936	-22,431	-898,378	0
12Sharon Toncray SVP / Chief Labor Employee Counsel	(I)	0	0	0	0	0	0	0
	(II)	408,183	308,273	48,521	221,561	-22,167	-1,008,705	0
13Jack Mudd - Thru 316 SVP/Mission Leadership	(I)	0	0	0	0	0	0	0
	(II)	249,590	426,247	42,891	141,404	-16,374	-876,506	0
14Paul Stoddart - Thru 916 VP/Marketing	(I)	0	0	0	0	0	0	0
	(II)	239,356	306,938	95,129	11,537	-10,844	-663,804	0
15Theron Park CEO/Oregon Delivery System	(I)	0	0	0	0	0	0	0
	(II)	438,667	162,111	49,945	157,938	-22,707	-831,368	0
16David Brown VP/Strategy & Business Development	(I)	0	0	0	0	0	0	0
	(II)	388,819	311,642	0	203,986	-22,444	-926,891	0
17Debbie Burton SVP/ Chief Nrsg Officer	(I)	0	0	0	0	0	0	0
	(II)	355,010	315,852	42,618	66,297	-23,718	-803,495	0
18Mary Cranstoun VP/Total Rewards	(I)	0	0	0	0	0	0	0
	(II)	372,857	272,174	18,000	91,147	-23,270	-777,448	0
19Aaron Martin SVP/Strategy & Innovation	(I)	0	0	0	0	0	0	0
	(II)	542,637	292,297	18,000	210,328	-8,957	-1,072,219	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Tom McDonagh VP/Chief Investment Officer	(i)	0	0	0	0	0	0	0
	(ii)	478,005	330,119	41,338	28,774	- 24,747	- 902,983	0
1 Rhonda Medows MD EVP/Population Health	(i)	0	0	0	0	0	0	0
	(ii)	824,899	698,359	42,442	299,110	- 21,169	- 1,885,979	0
2 Harvey Smith SVP/Chief Customer Svc Officer	(i)	0	0	0	0	0	0	0
	(ii)	579,168	628,988	18,000	7,950	- 15,841	- 1,249,947	0
3 Doug Koekkoek CEO/OMG/Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	476,261	462,450	18,000	59,321	- 24,662	- 1,040,694	0
4 Lisa Vance SVP/Clinical Program Services	(i)	0	0	0	0	0	0	0
	(ii)	571,069	606,964	42,315	110,502	- 14,943	- 1,345,793	0
5 Mike Waters VP,CAO/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	426,739	274,903	2,135	172,012	- 12,011	- 887,800	0
6 Amy Compton-Phillips EVP/Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	713,661	303,268	96,564	251,731	- 27,163	- 1,392,387	0
7 Erin Allen Physician - Dermatology	(i)	942,316	0	18,000	20,270	21,111	1,001,697	0
	(ii)	0	0	0	0	- 0	- 0	0
8 Walter Urba Administrator/Clinical Research	(i)	689,969	120,347	18,000	28,988	16,160	873,464	0
	(ii)	0	0	0	0	- 0	- 0	0
9 Jeffrey Swanson Surgeon - Cardiology	(i)	739,279	111,959	18,000	11,925	17,174	898,337	0
	(ii)	0	0	0	0	- 0	- 0	0
10 Gary Ott Surgeon - Cardiology	(i)	753,142	158,142	2,000	8,386	21,525	943,195	0
	(ii)	0	0	0	0	- 0	- 0	0
11 Emery Douville Med Director - Surgical Program	(i)	736,877	159,130	16,600	11,434	21,291	945,332	0
	(ii)	0	0	0	0	- 0	- 0	0
12 Craig Wright MD Former - SVP/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	14,760	551,522	553,657	2,107	- 18,348	- 1,140,394	0
13 Jack Friedman - Former SVP/Accountable Care & Payor Rel	(i)	0	0	0	0	0	0	0
	(ii)	0	299,327	0	0	- 0	- 299,327	0
14 Randy Axelrod MD - Former EVP/Clinical & Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	0	564,384	854,949	0	- 0	- 1,419,333	0
15 Doug Walta Former - CE / Clinical Programs	(i)	0	0	0	0	0	0	0
	(ii)	0	153,540	0	0	- 0	- 153,540	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,795,000	17,685,000	45,000,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	28,398,473	86,048,855	161,675,005	72,706,920
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	345,182	910,360	1,475,000	1,015,122
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				25,273,275
11	Other spent proceeds	28,053,291	85,138,495	160,200,005	223,836
12	Other unspent proceeds				46,194,687
13	Year of substantial completion	2005	2007	2003	2019

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
SCHEDULE K, ISSUE A PART IV, QUESTION (2c)	The most recent rebate computation for the bonds was completed through 11/17/2016

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Substantial Contributor	Substantial Contributor	431,584	Purchase of medical related products		No
(2) Substantial Contributor	Substantial Contributor	2,579,688	Purchase of medical related products		No
(3) Substantial Contributor	Substantial Contributor	520,785	Purchase of medical related products		No
(4) Substantial Contributor	Substantial Contributor	2,592,020	Purchase of medical related products		No
(5) Substantial Contributor	Substantial Contributor	2,780,419	Purchase of medical related products		No

Part V **Supplemental Information**

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole Member of the Corporation is Providence Health & Services

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	It is Providence's intention to make financial information accessible and transparent Alt hough the filing of Form 990 provides insight into how Providence achieves its Mission, de livers its programs and stewards its finances, deciphering the information directly from F orm 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 assoc iated with fulfillment of the Providence Mission, developing system policies, protecting t he assets entrusted to the organization and overseeing the strategic and operational affai rs of Providence's legal entities Providence also maintains a network of community minist ry 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 officers, including our senior executives Salaries for senior executives are r eviewed by the Providence St Joseph Health Committee and approved by the full Board of Di rectors, none of whom is a Providence employee The Board retains an independent consultan t each year to review salaries of those in the most significant leadership roles in the or ganization 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 o ne of the larger health systems in the country, and as such, the Board benchmarks executiv e compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence Additionally, Providence's labor market continues to spread across health care and into general industry Because of this, Providence also takes into consid eration general industry for-profit market data, where applicable Base salaries for Provi dence executives are generally targeted to the median level of the market, as identified b y the independent consultant and reviewed with the Executive Compensation Committee Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that c onsiders input from the other directors and senior leaders reporting to the President The evaluation is discussed with the Executive Compensation Committee and then a recommendati on is made by the committee to the full Board The Board Chair and the Chair of the Execut ive Compensation Committee also meet with an independent consultant to develop a salary re commendation, 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 recommendati ons for other senior executives This process includes a rigorous analysis of those recomm endations with the Executive C

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ompensation 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 The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate market practices The Board's process for executive compensation fully compli es with IRS standards and mirrors best practices

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII Contact Addresses for Officers, Directors, Etc	Dave Underriner - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 William Olson - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Theron Park - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Doug Koekkoek - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Erin Allen - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Walter Urba - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Jeffrey Swanson - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Gary Ott - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Emery Douville - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Extraordinary Items & Released Assets 794,931 Book/Tax Difference - Joint Venture Income -299,963 Unrestricted Investment in Recipient Organization 1,577,141 FAS 136 Adjustments 15,432,531 Net Assets Released from Restriction 5,987,208

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R - RELATED ORGANIZATIONS	AFFILIATION AGREEMENTS Effective April 1, 2016, the Health System (Providence Health & Services) entered into a business combination agreement with the Institute for Systems Biology (ISB) The transaction was accounted for as an acquisition under ASC 958-805 On July 1, 2016, Providence Health & Services (PHS) and St Joseph Health System (SJHS) entered into a business combination agreement, the purpose of which was to better serve both organizations' communities, maintain strong traditions of Catholic healthcare, and provide greater affordability and access to healthcare services As part of the business combination, PHS and SJHS aligned under a single parent corporation, Providence St Joseph Health, with a consolidated board of directors and cosponsorship from the public juridic persons Providence Ministries and St Joseph Health Ministry SJHS provides a full range of care facilities including 16 acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician groups spanning California, west Texas, and eastern New Mexico The results of operations of these entities have been included in the combined statements of operations of the Health System since July 1, 2016, the effective date of the business combination

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493019003298

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Providence Fairview Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	1,646,195	Providence Health & Services - Oregon
(2) Providence Padden Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	19,305,321	Providence Health & Services - Oregon
(3) Credena Health LLC 6348 NE Halsey Street Suite A Portland, OR 97213 47-3598083	Pharmacy	OR	3,414,154	28,869,682	Providence Health & Services - Oregon

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216586	Healthcare System	WA	501(c)(3)	Line 3	Providence Health & Services		No
(1) 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	Providence Health & Services		No
(2) PO Box 5128 Everett, WA 982065128 94-3264605	Transitional Care	WA	501(c)(3)	Line 10	N/A		No
(3) 4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964	Healthcare Services	WA	501(c)(4)	N/A	PH & S - Oregon	Yes	
(4) 4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097	Health Service Contractor	OR	501(c)(4)	N/A	Providence Plan Partners	Yes	
(5) 4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	Providence Health Plan	Yes	
(6) 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 12/Type I	PHS - So California		No
(7) 4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501(c)(3)	Line 10	PHS - So California		No
(8) 5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501(c)(3)	Line 10	PHS - So California		No
(9) 1700 Providence Pl Centralia, WA 98531 91-1789266	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(10) 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(11) 1700 Providence Pl Centralia, WA 98531 31-1584166	Supportive Housing	WA	501(c)(3)	Line 10	PH & S - Washington		No
(12) 5921 E Burnside Portland, OR 97215 91-1562797	Supportive Housing	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(13) 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(14) 7101 38th Avenue South Seattle, WA 98118 31-1629656	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(15) 3201 SW Graham St Seattle, WA 98126 91-2171539	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(16) 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(17) 312 North Fourth St Yakima, WA 98901 91-1180824	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(18) 5520 NE Glisan Portland, OR 97213 91-1214491	Supportive Housing	OR	501(c)(3)	Line 10	PH & S - Oregon	Yes	
(19) 540 23rd St Oakland, CA 94612 91-1293869	Supportive Housing	CA	501(c)(3)	Line 10	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
(21) 1423 First Avenue Seattle, WA 98101 20-1910170	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(1) 1205 Montello Ave Hood River, OR 97031 47-3385506	Supportive Housing	WA	501(c)(3)	Line 7	N/A		No
(2) 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S and W HealthConnect	WA	501(c)(3)	Line 12/Type I	PH & S - Washington		No
(3) 3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501(c)(3)	Line 12/Type I	PH & S - Washington		No
(4) 413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501(c)(3)	Line 7	PH & S - Washington		No
(5) 914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501(c)(3)	Line 7	PH & S - Washington		No
(6) 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	PH & S - Washington		No
(7) 3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288	Support Providence Marianwood	WA	501(c)(3)	Line 12/Type I	PH & S - Washington		No
(8) 1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(9) 725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(10) 1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(11) 540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(12) 4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(13) 9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(14) 10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(15) 830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(16) 5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016	Support TrinityCare Hospice	CA	501(c)(3)	Line 7	Providence TrinityCare Hospice		No
(17) 4101 Torrance Blvd Torrance, CA 90503 51-0224944	Support Little Company of Mary Service Area	CA	501(c)(3)	Line 7	PHS - So California		No
(18) 501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501(c)(3)	Line 7	PHS - So California		No
(19) 425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378	Support Hospice of Seattle	WA	501(c)(3)	Line 12/Type I	PH & S - Washington		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277	Healthcare	WA	501(c)(3)	Line 3	Providence MinistriesWHC		No
(1) 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1549796	Support Providence Institutions	WA	501(c)(3)	Line 12/Type II	Providence St Joseph Health		No
(2) 500 W Broadway PO Box 4587 Missoula, MT 598064587 81-0231793	Healthcare	MT	501(c)(3)	Line 3	PH & S - Washington		No
(3) PO Box 1010 Polson, MT 598601010 81-0463482	Healthcare	MT	501(c)(3)	Line 3	PH & S - Washington		No
(4) 1710 Benefis Court Great Falls, MT 59405 81-0233495	Early Childhood Education	MT	501(c)(3)	Line 10	PH & S - Washington		No
(5) 1801 Lind Avenue SW 9016 Renton, WA 980579016 26-2612415	Shell Corporation	MT	501(c)(3)	Line 1	PH & S - Washington		No
(6) 101 W 8th Ave Spokane, WA 99204 32-0014330	Support PH&S-WA Ministries in E WA	WA	501(c)(3)	Line 7	PH & S - Washington		No
(7) 500 West Broadway PO Box 4587 Missoula, MT 598064587 23-7056976	Support Healthcare in W Montana	MT	501(c)(3)	Line 7	PH & S - Montana		No
(8) 1301 20th Street South Great Falls, MT 59405 81-0231777	Post Secondary Education	MT	501(c)(3)	Line 2	Providence Health & Services		No
(9) 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1082119	Unemployment Benefits	WA	501(c)(3)	Line 12/Type I	PH & S - Washington		No
(10) 1500 Division Street Oregon City, OR 97045 93-1003750	Support Willamette Falls Hospital	OR	501(c)(3)	Line 12/Type I	PH & S - Oregon	Yes	
(11) 811 13th St Hood River, OR 97031 93-0921990	Support Providence Hood River Memorial Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(12) 2731 Wetmore Avenue Suite 500 Everett, WA 98201 27-2552749	Support Program & Ministries of PHHC	WA	501(c)(3)	Line 7	PH & S - Washington		No
(13) 401 W Poplar St Walla Walla, WA 99362 45-2841492	Support Program & Ministries of SMMC	WA	501(c)(3)	Line 7	PH & S - Washington		No
(14) 15451 San Fernando Mission Blvd 200 Mission Hills, CA 913451420 95-4322584	Support Facey Medical Group	CA	501(c)(3)	Line 7	PHS - So California		No
(15) 747 Broadway Seattle, WA 98122 91-0433740	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(16) 21601 76th Ave W Edmonds, WA 98026 27-2305304	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(17) 747 Broadway Seattle, WA 98122 91-0983214	Support Swedish Health Services	WA	501(c)(3)	Line 7	Swedish Health Services		No
(18) 2800 South 192nd St 104 SeaTac, WA 98188 27-3133200	Healthcare	WA	501(c)(3)	Line 7	Swedish Health Services		No
(19) 747 Broadway Seattle, WA 98122 27-3139262	Holding Company	WA	501(c)(3)	Line 12/Type I	Swedish Health Services		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(61) 747 Broadway Seattle, WA 98122 91-2054035	Ovarian Cancer Research	WA	501(c)(3)	Line 7	Swedish Health Services		No
(1) 747 Broadway Seattle, WA 98122 45-4171900	Shell Corporation	WA	501(c)(3)	Line 12/Type II	PH&S Western Washington		No
(2) 601 W 1st Avenue Spokane, WA 99201 91-1307555	Healthcare	WA	501(c)(3)	Line 3	PH&S - Washington		No
(3) 888 Swift Blvd Richland, WA 99352 91-0655392	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(4) 1268 Lee Blvd Richland, WA 99352 91-1266345	Healthcare	WA	501(c)(3)	Line 10	Western HealthConnect		No
(5) 888 Swift Blvd Richland, WA 99352 23-7005501	Support Kadlec Regional Medical Center	WA	501(c)(3)	Line 12/Type I	Kadlec Regional Medical Center		No
(6) 1200 12th Ave S Seattle, WA 98144 56-2290878	Healthcare	WA	501(c)(3)	Line 10	Western HealthConnect		No
(7) 550 17th Ave Seattle, WA 98122 61-1502822	Physician Collaboration	WA	501(c)(3)	Line 7	Western HealthConnect		No
(8) 2121 Santa Monica Blvd Santa Monica, CA 90404 95-1684082	Healthcare	CA	501(c)(3)	Line 3	PHS - So California		No
(9) 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
(10) 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
(11) 1801 Lind Avenue SW 9016 Renton, WA 98057 81-1244422	Support PH&S and St Joseph Health System	WA	501(c)(3)	Line 12, Type III	N/A		No
(12) 401 Terry Ave N Seattle, WA 98109 91-2003593	Predict, prevent & cure disease	WA	501(c)(3)	Line 7	Western HealthConnect		No
(13) 20555 Earl St Torrance, CA 90503 81-4542216	Healthcare	CA	501(c)(3)	Pending	PHS - So California		No
(14) 1801 Lind Avenue SW 9016 Renton, WA 98057 81-4260130	Mental Healthcare	WA	501(c)(3)	Line 7	PH&SSt Joseph Health System		No
(15) 3345 Michelson Drive Suite 100 Irvine, CA 92612 46-1259908	Healthcare	CA	501 (C)(3)	Line 12, Type III	St Joseph Health System		No
(16) 3615 19th Street Lubbock, TX 79410 61-1573313	Healthcare	TX	501 (C)(3)	Line 12, Type I	Covenant Health System		No
(17) 3615 19th Street Lubbock, TX 79410 75-2765566	Healthcare	TX	501 (C)(3)	Line 3	St Joseph Health System		No
(18) 3623 22nd Place Lubbock, TX 79410 75-2897026	Healthcare	TX	501 (C)(3)	Line 7	Covenant Health System		No
(19) 3420 22nd Place Lubbock, TX 79410 75-2743883	Healthcare	TX	501 (C)(3)	Line 3	Covenant Health System		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
(81) 3615 19Th Street Lubbock, TX 79410 46-3516417	Healthcare	TX	501 (C)(3)	Line 12, Type I	Covenant Health System		No
(1) 1 Hoag Drive Newport Beach, CA 92658 45-3583707	Healthcare	CA	501 (C)(3)	Line 12, Type I	Hoag Memorial Hospital Presbyterian		No
(2) 330 Placentia Ave Newport Beach, CA 92663 45-2982422	Support	CA	501 (C)(3)	Line 7	Hoag Hospital Foundation		No
(3) 330 Placentia Ave Newport Beach, CA 92663 95-3222343	Fundraising	CA	501 (C)(3)	Line 7	Hoag Memorial Hospital Presbyterian		No
(4) 1 Hoag Road Box 6100 Newport Beach, CA 92663 95-1643327	Healthcare	CA	501 (C)(3)	Line 3	Covenant Health Network		No
(5) 1165 Montgomery Dr Santa Rosa, CA 95405 68-0318656	Inactive	CA	501 (C)(3)	Line 3	Santa Rosa Memorial Hospital		No
(6) 3702 21st Street Lubbock, TX 79410 75-2133781	Healthcare	TX	501 (C)(3)	Line 10	Covenant Health System		No
(7) 3615 19th Street Lubbock, TX 79410 75-2220963	Healthcare	TX	501 (C)(3)	Line 7	Covenant Health System		No
(8) 3610 21st Street Lubbock, TX 79410 75-2428911	Healthcare	TX	501 (C)(3)	Line 3	Covenant Health System		No
(9) 1900 College Avenue Levelland, TX 79336 75-2246348	Healthcare	TX	501 (C)(3)	Line 3	Covenant Health System		No
(10) 2601 Dimmitt Road Plainview, TX 79072 75-2426010	Healthcare	TX	501 (C)(3)	Line 3	Covenant Health System		No
(11) 27700 Medical Center Road Mission Viejo, CA 92691 95-1643360	Healthcare	CA	501 (C)(3)	Line 3	Covenant Health Network		No
(12) 1000 Trancas Street Napa, CA 94558 94-1243669	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(13) 3300 Renner Drive Fortuna, CA 95540 94-2779313	Healthcare	CA	501 (C)(3)	Line 7	Redwood Memorial Hospital		No
(14) 3300 Renner Drive Fortuna, CA 95540 94-1384665	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(15) 1165 Montgomery Dr Santa Rosa, CA 95405 94-1231005	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(16) 400 North McDowell Blvd Petaluma, CA 94954 68-0395200	Healthcare	CA	501 (C)(3)	Line 3	Santa Rosa Memorial Hospital		No
(17) 3345 Michelson Drive Suite 100 Irvine, CA 92612 95-3589356	Healthcare	CA	501 (C)(3)	Line 12, Type I	Providence St Joseph Health		No
(18) 3345 Michelson Drive Suite 100 Irvine, CA 92612 33-0143024	Healthcare	CA	501 (C)(3)	Line 7	St Joseph Health System		No
(19) 1111 Sonoma Ste 308 Santa Rosa, CA 95405 68-0331084	Healthcare	CA	501 (C)(3)	Line 10	St Joseph Health System		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
(101) 2700 Dolbeer Street Eureka, CA 95501 94-1156596	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(1) 1100 West Stewart Drive Orange, CA 92868 95-1643359	Healthcare	CA	501 (C)(3)	Line 3	Covenant Health Network		No
(2) 200 West Center St Promenade Anaheim, CA 92805 33-0185031	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(3) 101 East Valencia Mesa Drive Fullerton, CA 92635 95-1643324	Healthcare	CA	501 (C)(3)	Line 3	Covenant Health Network		No
(4) 18300 Highway 18 Apple Valley, CA 92307 95-1914489	Healthcare	CA	501 (C)(3)	Line 3	Covenant Health Network		No
(5) 4000 24th Street Lubbock, TX 79410 75-1653181	Healthcare	TX	501 (C)(3)	Line 7	Covenant Health System		No
(6) 3345 Michelson Drive Irvine, CA 92612 81-4791043	Healthcare	CA	501 (C)(3)	Line 3	St Joseph Health System		No
(7) 480 S Batavia Orange, CA 92868 95-1643383	Religious Org	CA	501 (C)(3)	Line 1	N/A		No
(8) 3345 Michelson Drive Suite 100 Irvine, CA 92612 27-1666576	Religious Org	CA	501 (C)(3)	Line 1	Sisters of St Joseph of Orange		No
(9) 888 Swift Blvd Richland, WA 99352 91-6033089	Support Kadlec Regional Medical Center	WA	501 (C)(3)	Line 12, Type III	Kadlec Regional Medical Center		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
(1) Alpha Medical Laboratory LLC 611 N Perry Spokane, WA 99202 91-2017347	Outpatient Lab	ID	N/A									
(1) Broadway Imaging LLC 500 W Broadway Missoula, MT 59802 52-2405971	Medical Imaging	MT	N/A									
(2) California Laboratory Associates LLC 501 Buena Vista Burbank, CA 91505 27-3888692	Outpatient Lab	CA	N/A									
(3) Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR 97225 26-3638838	Ambulatory Surgery Center	OR	PH&S - OR	Related	1,154,256	2,961,753		No		Yes		78 270 %
(4) Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897	Radiation Oncology	OR	PH&S - OR	Related	935,876	1,536,731		No		Yes		67 000 %
(5) Ctr for Med Imaging-Bridgeport LLC 4400 NE Halsey 495 Portland, OR 97213 26-0796953	Imaging - Diagnostics	OR	PH&S - OR	Related	479,693	837,064		No		Yes		75 000 %
(6) Ctr for Med Imaging-Tanasbourne LLC 4400 NE Halsey 495 Portland, OR 97213 20-0477972	Imaging - Diagnostics	OR	PH&S - OR	Related	-74,773	1,317,979		No		Yes		75 000 %
(7) Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA 91505 95-4570858	Real Estate - MOB	CA	N/A									
(8) Minor & James Medical PLLC 515 Minor Avenue 200 Seattle, WA 98104 91-1340223	Physician Clinic	WA	N/A									
(9) Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA 99202 26-1345983	Outpatient Lab	MT	N/A									
(10) Oregon Advanced Imaging LLC 881 OHare Parkway Medford, OR 97504 45-0471748	Medical Imaging	OR	PH&S - OR	Related	2,109,195	5,427,609		No		Yes		70 000 %
(11) Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR 97224 22-3883387	Ambulatory Surgery Center	OR	N/A									
(12) PacLab LLC 611 N Perry Spokane, WA 99202 91-1743952	Outpatient Lab	WA	N/A									
(13) Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA 99202 27-0943279	Outpatient Lab	WA	N/A									
(14) PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison Street Seattle, WA 98104 20-3132044	Medical Imaging	WA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
(16) Portland Medical Imaging LLC 4400 NE Halsey 495 Portland, OR 97213 20-1054971	Imaging - Diagnostics	OR	N/A									
(1) Prov Radiation Oncology Develop Assn LLC 4400 NE Halsey 495 Portland, OR 97213 26-0682491	Real Estate - MOB	OR	PH&S - OR	Investment	-48,734	2,829,489		No		Yes		50 000 %
(2) Providence Imaging Center 3340 Providence Drive Anchorage, AK 99508 92-0118807	Medical Imaging	AK	N/A									
(3) Providence Partners for Health LLC 501 S Buena Vista St Burbank, CA 91505 45-4041798	Clinical Quality & Integration	CA	N/A									
(4) Providence Surgery Center LLC 902 N Orange St Missoula, MT 59802 84-1401625	Ambulatory Surgery Center	MT	N/A									
(5) ProvidenceSilverton Rehab LLC 4400 NE Halsey 425 Portland, OR 97213 48-1287267	Rehab Services	OR	N/A									
(6) ProvidenceUSP Santa Clarita GP LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-2829660	Ambulatory Surgery Center	CA	N/A									
(7) ProvidenceUSP Surgery Ctrs LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-0905938	Ambulatory Surgery Center	CA	N/A									
(8) Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA 99202 82-0511819	Outpatient Lab	ID	N/A									
(9) The Madison Spokane Inn LLC 15 West Rockwood Blvd Spokane, WA 99204 84-1606484	Hotel Services	WA	N/A									
(10) Tri-Cities Laboratory LLC 611 N Perry Spokane, WA 99202 91-1773986	Outpatient Lab	WA	N/A									
(11) HCSA Properties LLC 1600 M Street NW Auburn, WA 98001 46-0620892	Real estate rental	WA	N/A									
(12) Covenant Long-Term Care LP 4000 24th Street Lubbock, TX 79410 20-5033419	Healthcare	TX	N/A									
(13) Heritage Investment Group I LLC 500 S Main Street Ste 1000 Orange, CA 92868 27-1000061	Investments	CA	N/A									
(14) Hoag Orthopedic Institute 1 Hoag Drive Box 6100 Newport Beach, CA 92658 61-1588294	Healthcare	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
(31) Lubbock Surgery Center Ltd 4000 24th Street Lubbock, TX 79410 75-2177401	Healthcare	TX	N/A									
(1) Methodist Diagnostic Imaging 4000 24th Street Lubbock, TX 79410 75-2343261	Healthcare	TX	N/A									
(2) Mission Ambulatory Surgicenter Ltd 27800 Medical Center Road Ste 362 Mission Viejo, CA 92691 33-0355575	Healthcare	CA	N/A									
(3) Newport Imaging Center 360 San Miguel Newport Beach, CA 92660 33-0191776	Healthcare	CA	N/A									
(4) SHA LLC 12940 North Highway 183 Austin, TX 78750 75-2569094	Healthcare	TX	N/A									
(5) St Joseph Physician Ventures I LLC 1100 West Stewart Drive Orange, CA 92868 45-4521884	Real Estate	CA	N/A									
(6) North Bay Endoscopy Center 1383 N McDowell Blvd Suite 110 Petaluma, CA 94954 61-1559876	Healthcare	CA	N/A									
(7) Southern California Surgery Center LLC 18321 Ventura Blvd Ste 740 Tarzana, CA 91356 33-0939000	Healthcare	CA	N/A									
(8) Mission Viejo Physician Partners I LLC 27700 Medical Center Road Mission Viejo, CA 92691 47-1559873	Healthcare	CA	N/A									
(9) Advanced Surgery Institute LLC 1739 4th Street Santa Rosa, CA 95404 26-2299255	Healthcare	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(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
(10) Pioneer Innovations Inc 800 5th Ave 10th Floor Seattle, WA 98104 36-4818191	Healthcare Innovations	WA	N/A	C					No
(11) Vinserra Inc 1328 22nd Street Santa Monica, CA 90404 95-3943315	Investment	CA	N/A	C					No
(12) American Unity Group Ltd 90 Pitts Bay Road HM08 Pembroke BD	Captive Insurance	BD	N/A	C					No
(13) Coastal Management Services Organization 1 Hoag Drive Box 6100 Newport Beach, CA 92658 33-0676831	Healthcare	CA	N/A	C					No
(14) Datu Health Inc 16150 Main Circle Dr Suite 250 Chesterfield, MO 63017 46-3070062	IT Svcs	DE	N/A	C					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
(16) Hoag Management Services Inc 1 Hoag Drive Box 6100 Newport Beach, CA 92658 33-0731587	Healthcare	CA	N/A	C					No
(1) Lubbock Methodist Hosp Practice Mgmt 2107 Oxford Street Ste 300 Lubbock, TX 79410 75-2578995	Inactive	TX	N/A	C					No
(2) Lubbock Methodist Hospital Svcs PO Box 120 Lubbock, TX 79410 75-2118585	Healthcare	TX	N/A	C					No
(3) Mission Viejo Medical Ventures 27800 Medical Center Rd 354 Mission Viejo, CA 92691 33-0212905	Healthcare	CA	N/A	C					No
(4) St Joseph Health 3345 Michelson Drive Suite 100 Irvine, CA 92612 46-2340232	Holding Company	CA	N/A	C					No
(5) St Joseph Health Source Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 46-1900168	Healthcare	CA	N/A	C					No
(6) St Joseph Prof Svcs Enterprses Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 33-0155323	Healthcare	CA	N/A	C					No
(7) Ophie Healthcare Services Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 27-1002825	Healthcare	CA	N/A	C					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Providence St Vincent Medical Foundation	C	10,490,068	Cost
(1)	Providence Portland Medical Foundation	C	7,455,111	Cost
(2)	Providence Child Center Foundation	C	2,908,122	Cost
(3)	Providence Milwaukie Foundation	C	432,945	Cost
(4)	Providence Community Health Foundation	C	404,623	Cost
(5)	Providence Seaside Foundation	C	313,303	Cost
(6)	Providence Hood River Memorial Hospital Foundation	C	244,166	Cost
(7)	Providence Benedictine Nursing Center Foundation	C	189,386	Cost
(8)	Providence Newberg Foundation	C	108,559	Cost
(9)	Providence Willamette Falls Foundation	C	104,038	Cost
(10)	Providence St Vincent Medical Foundation	B	1,560,315	Cost
(11)	Providence Portland Medical Foundation	B	607,944	Cost
(12)	Providence Child Center Foundation	B	380,668	Cost
(13)	Providence Newberg Foundation	B	261,495	Cost
(14)	Providence Community Health Foundation	B	248,386	Cost
(15)	Providence Milwaukie Foundation	B	236,365	Cost
(16)	Providence Willamette Falls Foundation	B	155,823	Cost
(17)	Providence Seaside Foundation	B	139,673	Cost
(18)	Providence Benedictine Nursing Center Foundation	B	119,661	Cost
(19)	Providence Hood River Memorial Hospital Foundation	B	91,894	Cost
(20)	Oregon Outpatient Surgery Center	A	260,891	Cost
(21)	Providence Plan Partners	J	7,170,425	Cost
(22)	Providence Plan Partners	O	105,465,860	Cost
(23)	Providence Plan Partners	Q	9,396,156	Cost
(24)	Providence Health Plan	Q	771,634	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Providence Health Assurance	Q	71,288	Cost