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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

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 - MONTANA

Doing business as
Providence St Patrick Hospital

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

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

D Employer identification number
81-0231793

E Telephone number
(425) 525-3985

G Gross receipts $ 463,348,214

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 ▶ 0928

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

J Website: ▶ http //montana providence org/hospitals/

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

L Year of formation 1991

M State of legal domicile MT

Part I Summary

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

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**	2,366
6	Total number of volunteers (estimate if necessary)	**6**	223
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	272,340
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	59,656

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,683,716	1,026,678
9	Program service revenue (Part VIII, line 2g)	330,809,446	436,386,880
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,473	2,027,634
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,353,030	4,518,825
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,002,665	443,960,017
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,936,060	1,025,589
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)	114,397,395	130,762,136
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	210,711,414	327,326,779
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	328,044,869	459,114,504
19	Revenue less expenses Subtract line 18 from line 12	8,957,796	-15,154,487

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	306,869,501	254,404,251
21	Total liabilities (Part X, line 26)	161,351,881	113,964,805
22	Net assets or fund balances Subtract line 21 from line 20	145,517,620	140,439,446

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: 2017-11-15

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

Paid Preparer Use Only

Print/Type preparer's name: Sara Elizabeth J Hyre CPA	Preparer's signature: Sara Elizabeth J Hyre CPA	Date	Check ☐ if self-employed: PTIN P00235495
Firm's name ▶ Clark Nuber PS			Firm's EIN ▶ 91-1194016
Firm's address ▶ 10900 NE 4th Suite 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 Missoula, MT

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 262,532,147 including grants of $ 0) (Revenue $ 292,283,413)
See Additional Data

4b (Code) (Expenses $ 87,056,906 including grants of $ 0) (Revenue $ 87,283,338)
See Additional Data

4c (Code) (Expenses $ 71,350,933 including grants of $ 0) (Revenue $ 49,599,364)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 1,025,589 including grants of $ 1,025,589) (Revenue $ 9,971,334)

4e **Total program service expenses ▶** 421,965,575

Part IV Checklist of Required Schedules

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

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**	Yes	
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**		No
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**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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**	0		
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**		
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**	2,366		
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▶ MT

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) ▶								3,923,650	37,344,433	4,616,072

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 ▶ 201

			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
Broadway Imaging LLC 500 West Broadway Missoula, MT 59802	Imaging Services	20,737,680
Western MT Emergency Phys 500 West Broadway Missoula, MT 59802	ER Physicians	6,861,694
Montana Cancer Specialists PO Box 7877 Missoula, MT 59807	Cancer Specialist Services	3,786,011
Bouten Construction PO Box 3507 Spokane, WA 99220	Construction Services	1,436,769
Cross Country Staffing File 50941 Los Angeles, CA 90074	Staffing	1,436,658

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 ▶ 32

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	556,717		
	e Government grants (contributions)	1e	469,362		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	599		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		1,026,678		
Program Service Revenue		Business Code			
	2a Acute Care	622110	289,549,520	289,549,520	
	b Capitation Revenue	900099	87,283,338	87,283,338	
	c Primary Care	621110	48,969,751	48,969,751	
	d Healthcare JVs	900099	9,971,334	9,971,334	
	e Pharmacy	900099	358,428	358,428	
	f All other program service revenue		254,509	254,509	
	g Total. Add lines 2a–2f . . . . ▶		436,386,880		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		922,753		922,753
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,998,768			
	b Less rental expenses	3,629,626			
	c Rental income or (loss)	-1,630,858			
	d Net rental income or (loss) . . . . . ▶		-1,630,858		-1,630,858
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	15,960,128	818,600		
	b Less cost or other basis and sales expenses	15,381,063	292,784		
	c Gain or (loss)	579,065	525,816		
	d Net gain or (loss) . . . . . ▶		1,104,881		1,104,881
	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**	127,811			
	b Less cost of goods sold . . **b**	84,724			
	c Net income or (loss) from sales of inventory . . ▶		43,087		43,087
	Miscellaneous Revenue	Business Code			
	11a BIC Outside Services	900099	1,948,784	1,948,784	
	b Gain on Debt Refinanci	900099	625,860		625,860
	c Laundry & Linen	900099	357,129	272,340	84,789
	d All other revenue		3,174,823	801,785	2,373,038
	e Total. Add lines 11a–11d . . . . . ▶		6,106,596		
	12 Total revenue. See Instructions . . . . . ▶		443,960,017	439,137,449	272,340	3,523,550

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	943,963	943,963		
2 Grants and other assistance to domestic individuals See Part IV, line 22	81,626	81,626		
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	974,862		974,862	
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	119,365,521	105,708,383	13,657,138	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,338,980	2,052,533	286,447	
9 Other employee benefits	99,176	91,054	8,122	
10 Payroll taxes	7,983,597	6,969,754	1,013,843	
11 Fees for services (non-employees)				
a Management				
b Legal	95,213		95,213	
c Accounting	2,290		2,290	
d Lobbying	74,974		74,974	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	133,677		133,677	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,083,899	50,797,853	3,286,046	
12 Advertising and promotion	117,770	117,770		
13 Office expenses	4,084,201	3,473,908	610,293	
14 Information technology	459,347	235,457	223,890	
15 Royalties . .				
16 Occupancy	4,789,445	4,266,721	522,724	
17 Travel	724,527	490,922	233,605	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	322,554	253,418	69,136	
20 Interest	1,790,353	1,790,353		
21 Payments to affiliates	86,654,463	73,069,662	13,584,801	
22 Depreciation, depletion, and amortization . .	8,329,829	7,109,057	1,220,772	
23 Insurance . . .	7,939	7,939		
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 Cost Care Svc Claims	86,370,915	86,370,915		
b Medical Supplies	70,609,453	70,568,119	41,334	
c Bad Debts	5,073,068	5,073,068		
d UBI Tax	25,000		25,000	
e All other expenses	3,577,862	2,493,100	1,084,762	
25 **Total functional expenses.** Add lines 1 through 24e	459,114,504	421,965,575	37,148,929	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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	166,262	1	191,721
	2	Savings and temporary cash investments	1,235,629	2	1,845,992
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,545,090	4	42,192,567
	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	10,349,916	7	9,997,498
	8	Inventories for sale or use	4,779,315	8	4,928,964
	9	Prepaid expenses and deferred charges	123,561	9	281,425
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 253,134,087			
	b	Less accumulated depreciation — 10b: 172,124,352	86,013,896	10c	81,009,735
	11	Investments—publicly traded securities	35,890,435	11	37,586,490
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	16,534,851	13	19,034,962
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	105,230,546	15	57,334,897
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	306,869,501	16	254,404,251
Liabilities	17	Accounts payable and accrued expenses	23,335,872	17	21,393,079
	18	Grants payable		18	
	19	Deferred revenue	113,383	19	
	20	Tax-exempt bond liabilities	46,331,231	20	43,198,256
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	91,571,395	25	49,373,470
	26	**Total liabilities.** Add lines 17 through 25	161,351,881	26	113,964,805
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	139,954,617	27	134,102,326
	28	Temporarily restricted net assets	3,690,421	28	4,516,030
	29	Permanently restricted net assets	1,872,582	29	1,821,090
		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	145,517,620	33	140,439,446
	34	Total liabilities and net assets/fund balances	306,869,501	34	254,404,251

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	443,960,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	459,114,504
3	Revenue less expenses Subtract line 2 from line 1	3	-15,154,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	145,517,620
5	Net unrealized gains (losses) on investments	5	555,617
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	9,520,696
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	140,439,446

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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 81-0231793

Name: PROVIDENCE HEALTH & SERVICES - MONTANA

Form 990 (2016)

Form 990, Part III, Line 4a:

Acute Care - Inpatient & OutpatientTotal Admissions 9,988Total Patient Days 47,107Total Outpatient Visits 261,297HIGHLIGHTS/ACHIEVEMENTS In 2015 St Patrick Hospital opened a Family Maternity Center and started delivering babies for the first time in over 40 years In 2016 there were 483 babies delivered at the hospital * Mountain-Pacific Quality Health presented Providence St Patrick Hospital with the 2016 Hospital Commitment to Quality Award Mountain-Pacific Quality Health's quality awards reflect continued expectations of engaging patients and families in improving care as well as top performance on quality indicators and system changes, as promoted by today's health care industry Strong leadership support is considered, since it is vital for achieving and sustaining excellent patient safety and improvements in patient care In addition, St Pat's earned Mountain Pacific's new award called Chasing Zero, for demonstrating sustained periods of zero infections for specific hospital-acquired infections * Providence St Patrick Hospital was named one of the nation's 50 Top Cardiovascular Hospitals by Truven Health Analytics This is the ninth time Providence St Patrick Hospital has been recognized with this honor The 50 Top Cardiovascular Hospitals study evaluates performance in key areas risk-adjusted mortality, risk-adjusted complications, core measures (a group of measures that assess process of care), percentage of coronary bypass patients with internal mammary artery use, 30-day mortality rates, 30-day readmission rates, severity-adjusted average length of stay, and wage- and severity-adjusted average cost * St Patrick Hospital's Emergency Department and Catheterization Laboratory received the 2016 Mission Lifeline Receiving Center GOLD Recognition Award Mission from the American Heart Association/American Stroke Association for our quality of heart attack care as demonstrated through the 2015 ACTION Registry -GWTG data This award recognizes success in implementing a high quality care program, ensuring that our ST-Elevation Myocardial Infarction (STEMI) program treats patients according to nationally accepted guidelines STEMI is a serious heart attack during which one of the heart's major arteries is blocked, and must be treated quickly and appropriately for the patient to survive * Providence St Patrick Hospital was one of 844 hospitals to receive an "A" ranking among the safest hospitals in the United States according to Leapfrog Hospital Safety Grades, a national patient safety watchdog Leapfrog Safety Grades assign A, B, C, D and F letter grades to hospitals nationwide and provide the most complete picture of patient safety in the U S * St Patrick Hospital received recognition from US News and World Report for being a top 50 Hospital for urology care in 2016 Hospitals are scored on volume of high-risk patients, nurse staffing and patient survival Specific criteria that contributed to the ranking included our patient's 30-day survival rate (score 10/10), the use of advanced technologies (score 6/6), patient services (score 8/9), Magnet recognition, serving as a Level II trauma center and having an Intensivist program In addition, St Pat's was recognized as "high performing" in aortic valve surgery, heart bypass surgery and pulmonology * Providence St Patrick Hospital was awarded the Partner for Change Award from Practice Greenhealth for implementation of a significant number of environmental stewardship programs and best practices, and continuously improving and expanding upon these programs on the path to sustainability * Providence St Patrick Hospital was given the Women's Choice Award for one of America's 100 Best Hospitals for Patient Experience in Montana The hospitals are highly rated by women for creating an extraordinary patient experience for women and their families The process begins with scores derived for each hospital in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) database The score takes a subset of the questions HCAHPS uses that research and experience shows are more important to women than to men WomenCertified applies weight to each of those questions to adjust for relative importance to arrive at a numerical score The scoring is objective and uniform The 100 best scores in each of the four categories determine the America's 100 Best Hospitals for Outstanding Patient Experience by WomenCertified award winners

Form 990, Part III, Line 4b:

Capitation Revenue - See Line 4a Narrative

Form 990, Part III, Line 4c:

Primary CareTotal Visits 281,450* Nine Western Montana Providence Medical Group medical clinics received national recognition as Level 3 Patient-Centered Medical Homes, the highest accreditation possible, by the National Committee of Quality Assurance (NCQA) Level 3 status involves meeting and documenting requisite elements in six categories, such as tracking and coordinating patient care, easing access to providers through improved hours and scheduling, and measuring and improving clinic/provider performance NCQA recognition ensures that these clinics use evidence-based, patient-centered processes that focus on highly coordinated care and long?term interactive relationships between the care teams and the patient A patient-centered medical home is a model of primary care that combines teamwork and information technology to improve care, improve the patient's care experience, and reduce costs Medical homes foster ongoing partnerships between patients and their clinicians using multi-disciplinary care teams to coordinate treatment, follow-up and support Research confirms that medical homes advance the "triple aim" of higher quality, better patient experience and cost containment In Missoula, the PMG clinics include * Broadway Internal Medicine* Grant Creek Family Medicine* Montana Internal Medicine* Women's Care & Family Wellness * Missoula Family MedicalPMG clinics outside of Missoula include * Florence Family Medicine in Florence* Lifespan Family Medicine in Stevensville* St Joseph Medical Clinic in Polson * St Joseph Medical Clinic in Ronan* With a grant from The Montana Health Foundation, Grant Creek Family Practice, a patient-centered medical home, began to integrate behavioral health into the primary care setting The practice hired a licensed clinical social worker, with the goal of providing patients seamless, effective, mental health care Following Grant Creek's lead, this service will be implemented into the eight other Western Montana Providence patient-centered medical homes, with specialty support from Providence Western Montana psychiatric services

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

(Code	) (Expenses $	1,025,589	including grants of $	1,025,589	) (Revenue $	0)
Grants and Allocations See Schedule I							
(Code	) (Expenses $	0	including grants of $	0	) (Revenue $	9,971,334)
Healthcare Joint VenturesThrough partnerships, St Patrick's is able to provide additional healthcare services to the community							

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	0 10 4 60	X		X				0	30,180	0
Dave Olsen Vice Chair - Eff 7/16	0 10 5 50	X		X				0	24,135	0
Dick P Allen Director - Eff 7/16	0 10 2 00	X						0	15,180	0
Isiaah Crawford Director	0 10 4 10	X						0	24,360	0
Sister Lucille Dean SP Director - Eff 7/16	0 10 2 10	X						0	0	0
Sister Diane Hejna CSJ RN Director - Eff 7/16	0 10 1 90	X						0	0	0
Michael Holcomb Director /Chair Thru 6/16	0 10 5 30	X		X				0	45,360	0
Phyllis Hughes RSM Director	0 10 5 00	X						0	0	0
Sallye Liner Director	0 10 4 70	X						0	20,360	0
Mary Lyons PhD Director - Eff 7/16	0 10 1 50	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	0 10 2 00	X						0	15,180	0
Carolina Reyes MD Director	0 10 4 60	X						0	22,860	0
Phoebe Yang Director - Eff 7/16	0 10 2 00	X						0	12,680	0
Fr Tom Kopfensteiner Director - Res 12/16	0 10 2 00	X						0	6,400	0
Chauncey Boyle SP Director - Thru 6/16	0 10 3 10	X						0	0	0
Marian Schubert CSJ Director - Thru 6/16	0 10 2 80	X						0	0	0
Michael A Stein Director - Thru 6/16	0 10 3 10	X						0	7,680	0
Eugene Al Parrish Director - Thru 6/16	0 10 2 80	X						0	7,680	0
Bob Wilson Director - Thru 6/16	0 10 2 90	X						0	9,120	0
Martha Diaz Aszkenazy Director - Thru 6/16	0 10 3 90	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	0 10 2 80	X						0	7,680	0
Charles Chuck Watts Director - Thru 6/16	0 10 2 80	X						0	9,180	0
Rod F Hochman MD President / CEO - Thru 6/16	1 00 64 00			X				0	4,060,921	43,543
Mike Butler President - Eff 7/16	1 00 59 00			X				0	6,906,693	349,633
Todd Hofheins EVP/CFO /Treas Thru 11/16	1 00 59 00			X				0	1,571,440	60,670
Jo Ann Escasa-Haigh Interim CFO/Treasurer - Eff 12/16	1 00 49 00			X				0	755,416	168,190
Cindy Strauss EVP/Chief Legal Officer	1 00 59 00			X				0	1,462,780	58,266
Jeffrey Fee CE/Western MT Region	40 00 10 00			X				0	599,953	102,582
Kirk Bodlovic CFO/St Patrick Hospital	50 00 0 00			X				0	270,622	43,819
Debra Canales EVP/CAO	1 00 59 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	1 00 59 00				X			0	1,137,493	34,098
Joel Gilbertson SVP/Community Partnerships	1 00 59 00				X			0	842,027	247,847
Orest Holubec SVP/Chief Comm /Ext Affairs Officer	1 00 54 00				X			0	782,688	207,806
Greg Till VP/Chief Talent Officer	1 00 64 00				X			0	776,011	122,367
Sharon Toncray SVP / Chief Labor Employee Counsel	1 00 59 00				X			0	764,977	243,728
Jack Mudd - Thru 316 SVP/Mission Leadership	1 00 28 00				X			0	718,728	157,778
Paul Stoddart - Thru 916 VP/Marketing	1 00 54 00				X			0	641,423	22,381
Robert Hellrigel SVP-CE / Senior & Comm Services	1 00 54 00				X			0	620,281	196,789
Mark Gargett VP/Digital Integration	1 00 49 00				X			0	610,787	65,970
David Brown VP/Strategy & Business Development	1 00 54 00				X			0	700,461	226,430

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			
Debbie Burton SVP/ Chief Nrsg Officer	1 00 59 00				X			0	713,480	90,015
Mary Cranstoun VP/Total Rewards	1 00 59 00				X			0	663,031	114,417
Aaron Martin SVP/Strategy & Innovation	1 00 69 00				X			0	852,934	219,285
Tom McDonagh VP/Chief Investment Officer	1 00 57 00				X			0	849,462	53,521
Rhonda Medows MD EVP/Population Health	1 00 59 00				X			0	1,565,700	320,279
Harvey Smith SVP/Chief Customer Svc Officer	1 00 49 00				X			0	1,226,156	23,791
Lisa Vance SVP/Clinical Program Services	1 00 59 00				X			0	1,220,348	125,445
Mike Waters VP,CAO/Physician Services	1 00 64 00				X			0	703,777	184,023
Amy Compton-Phillips EVP/Chief Clinical Officer	1 00 54 00				X			0	1,113,493	278,894
Simone Musco MD Physician	50 00 0 00					X		936,561	0	38,820

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Yerkey MD Physician	50 00 0 00					X		853,135	0	34,483
Mark L Sanz MD Physician - Cardiology	50 00 0 00					X		726,265	0	49,022
James Maddux MD Physician	50 00 0 00					X		711,616	0	46,510
James M Maxwell MD Physician	50 00 0 00					X		696,073	0	53,606
Randy Axelrod MD EVP/Clinical & Patient Services	0 00 0 00						X	0	1,419,333	0
Craig Wright MD SVP/Physician Services	0 00 0 00						X	0	1,119,939	20,455
Jack Friedman SVP/Accountable Care & Payor Rel	0 00 0 00						X	0	299,327	0

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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 - MONTANA

Employer identification number
81-0231793

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

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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 - MONTANA	81-0231793

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		25,474
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		49,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			74,974
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	The portion of monthly dues paid to the Montana Hospital Association designated for lobbying Initiative Support Costs associated with the direct contact with legislators

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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 - MONTANA

Employer identification number
81-0231793

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		12,388,753		12,388,753
b Buildings		111,099,915	69,601,073	41,498,842
c Leasehold improvements		3,007,299	2,335,152	672,147
d Equipment		124,320,035	100,188,127	24,131,908
e Other		2,318,085		2,318,085
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				81,009,735

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) Invest in Prov Surgery Center, LLC	2,271,803	C
(2) Invest in Broadway Imaging, LLC	3,333,183	C
(3) Invest in Partners in Home Care, Inc	3,965,187	C
(4) Invest in Tamarack Management, Inc	1,572,404	C
(5) Invest in Foundation	7,460,519	C
(6) Invest in N Rockies Health Assoc	431,866	C
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	19,034,962	

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) Unamortized Bond Financing Costs	136,804
(2) Cash Surrender Value of Life Insurance	55,975
(3) Due from Affiliates	52,303,904
(4) Other Receivables	584,327
(5) Third Party Settlements	4,217,726
(6) Trustee Held Funds	36,161
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	57,334,897

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	
Due to Affiliates	44,292,762
Obligation for Financing Lease	4,927,500
Capitalized Lease Obligation	43,211
Third Party Settlements	109,997
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	49,373,470

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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 - MONTANA

Employer identification number
81-0231793

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)		759	3,470,020		3,470,020	0 760 %
b Medicaid (from Worksheet 3, column a)		10,458	45,198,159	30,514,571	14,683,588	3 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		7	28,089	21,121	6,968	0 %
d **Total** Financial Assistance and Means-Tested Government Programs		11,224	48,696,268	30,535,692	18,160,576	3 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,667	283,762		283,762	0 060 %
f Health professions education (from Worksheet 5)		4	4,942,142		4,942,142	1 090 %
g Subsidized health services (from Worksheet 6)		95,344	25,066,601	13,152,629	11,913,972	2 620 %
h Research (from Worksheet 7)		208	28,085		28,085	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		112	27,708		27,708	0 010 %
j **Total.** Other Benefits		98,335	30,348,298	13,152,629	17,195,669	3 790 %
k **Total.** Add lines 7d and 7j		109,559	79,044,566	43,688,321	35,356,245	7 780 %

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		233,423	25,000		25,000	0 010 %
2 Economic development						
3 Community support		2	60,720		60,720	0 010 %
4 Environmental improvements		2	17,160		17,160	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy		1,828	44,279		44,279	0 010 %
8 Workforce development						
9 Other						
10 Total		235,255	147,159		147,159	0 030 %

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 5,073,068		
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	134,081,883
6	Enter Medicare allowable costs of care relating to payments on line 5	6	173,814,397
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-39,732,514
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 2 Providence Surgery Center LLC	Outpatient surgical services	76 560 %		20 310 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Providence St Patrick Hospital

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 14			
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 part V, Section C			
b ☑ Other website (list url) http //www missoulacounty us/home/showdocument?id=82			
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 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) communitybenefit providence org/community-health-needs-assessments/ **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 Patrick 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) www2 providence org/obp/docs/mt-charity-care-policy pdf			
b	☑ The FAP application form was widely available on a website (list url) www2 providence org/obp/docs/financialassistancerequest(english) pdf			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www providence org/obp/mt/financial-assistance			
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 Patrick 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 St Patrick 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 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? **22**

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 PH&S sliding fee scale set forth in Attachment B will be used to determine the amount of financial assistance to be provided in the form of a discount of 75 percent for patients or guarantors with incomes between 301% and 350% of the current federal poverty level after all funding possibilities available to the patient or guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billed charges Financial assistance may be offered to patients or guarantors with family income in excess of 350% of the federal poverty level when circumstances indicate severe financial hardship or personal loss

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	In addition to providing its own smaller Community Benefit Report, St Patrick's Community Benefit information is included in the consolidated report for Providence Health & Services http //montana providence org/hospitals/st-patrick/community-support/

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 $ 5,073,068

Form and Line Reference	Explanation
Part II, Community Building Activities	United WayUnited Way of Missoula County builds a better community for all, specifically in the areas of education, income, and health We collaborate with diverse community partner s to identify important social issues and bring together resources to address them We giv e donors a trusted, one-stop way to support critical services for people in need, and we m ake sure that donated dollars are invested wisely and well Childhood ObesityCATCH stands f or a Coordinated Approach to Child Health By uniting multiple players in a child's life t o create a community of health, CATCH is proven to prevent childhood obesity and supported by 25 years and 120 academic papers indicating as much as 11% decrease in overweight chil dren and obesity Our community health programs aim to impact the messaging a child receiv es in physical education, the lunchroom, the classroom, and at home, to influence a child' s choices not only in school, but lifelong Let's Move! Missoula (LM!M) is a local initiati ve that is part of the national Let's Move! campaign to combat the epidemic of childhood o besity Nationally, the vision of Let's Move! is to raise a healthier generation of kids Locally, many community partners take part in LM!M The mission of LM!M is to mobilize pro jects and partnerships that build healthy kids and residents of all ages - no matter where they live, work, play, or go to school Projects focus on improving physical activity opp ortunities, nutrition, and access to healthy foods Community Support Kids TableSt Patric k Hospital is supporting early childhood development by partnering with the Missoula Food Bank Kids Table to nourish Missoula children during their time of critical physical, cogni tive, social and emotional development The collaboration addresses local childhood hunger , especially during the summer months when kids may otherwise go hungry without school-spo nsored meals Community Health Improvement/Advocacy Medication and enrollment assistance for health coverageUninsured patients often do not fill critical prescriptions due to cost and forego care due to lack of coverage, which affects their long term health This progr am assists low income and self pay patients with the assistance they need to access patien t assistance programs of pharmaceutical companies and state/federal coverage options With the high uninsured rate in Missoula County at 19%, the total number of seniors living in poverty at 69% and the many patients with mental illness that St Patrick Hospital serves, we work to bridge patient needs with programs that can support them In addition to the fr ee and discounted care that we provide, we also have State Health Insurance certified coun selors trained to assist uninsured and underinsured residents in our community in securing options for both medical (ACA) and pharmaceutical coverage This program is not done for marketing purposes and meets a necessary public health objective Community Health Improvem ent Environmental StewardshipGreen 4 Good (G4G) is an initiative at St Patrick Hospital to decrease the environmental impacts of our daily healthcare work As a hospital, we are charged with caring for people in times of need, requiring resources such as supplies, hea t, and electricity to do so At the same time, healthcare causes pollution through its ene rgy use, waste creation, and use of toxic chemicals Through G4G, St Patrick Hospital wor ks to reduce impacts to the natural environment, in turn creating a healthier environment for patients, staff members, and communities This Environmental Stewardship Report highli ghts G4G's accomplishments in 2016 Energy ReductionIn 2016 we continued our work to decre ase the hospital's energy use In 2016 we saw an increased average daily census, seeing mo re patients and offering more services, and were still able to decrease electricity use by 173,615 kwh from the previous year Goals 4 GoodIn May 2016 we introduced a new program ca lled Goals 4 Good Each month we ask that caregivers pledge to complete a certain goal des igned to reduce their environmental impact both at home and at work These goals can help to reduce CO2 emissions, save water, decrease waste, use less energy, or increase engageme nt Below are a few accomplishments from 2016 --Saved 16,569 gallons of water by turning o ff the water while brushing teeth--Sustainably commuted 2,597 miles which saved 2,281 poun ds of CO2--Diverted 30 pounds of plastic from the landfill by shopping with reusable bagsP rovidence Garden 2016 was our third successful growing season at the Providence Garden Ea ch week throughout the summer our garden coordinators harvest produce and deliver it to th e Missoula Food Bank, in 2016 we donated 916 pounds That garden saw increased use by pati ents and caregivers alike Caregivers often ate lunch at the picnic table or strolled thro ugh the garden on their way home Several therapists held sessions with their patients in the garden On August 5th we hosted a first Friday

Form and Line Reference	Explanation
Part II, Community Building Activities	celebration in the garden that included food and beverages accompanied by music from a lo cal folk musician and clay creations from a local artist Engagement This year we --Instal led seven water bottle fill stations throughout the hospital and encouraged caregivers to bring their own bottles to work and reduce plastic bottle waste We logged 22,302 bottle f ills in 2016 --Celebrated Earth Week by focusing on the Pope's encyclical, Laudato Si' On Care for our Common Home We had games, prizes, lunchtime lectures, and free giveaways - -Sponsored a Providence team to volunteer at the annual Clark Fork River Cleanup Thirteen caregivers and their families spent a Saturday cleaning up a section of the river near th e hospital --Offered on-site delivery of Community Supported Agriculture (CSA) shares from Western Montana Grower's Cooperative We had 60 caregivers participate in the summer and 14 participate in the fall --Met with department leaders to discuss environmental steward ship successes and opportunities in their respective areas --Developed a quarterly dashboa rd to report on energy use, Goals 4 Good results, and other program highlights --Installed an announcement board in the cafe to share information related to environmental stewardsh ip --Volunteered with Climate Smart Missoula to "green" the River City Roots Festival A g roup of employees helped with recycling efforts, answered questions, and helped to educate the community about sustainability efforts --Educated the community through Healthbreak a nd Nurse's Notes

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	We recognize that caring for the poor and vulnerable is not a task we can do on our own On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys Additionally, Providence ministries have community and foundation boards The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another Identified areas of need not only guide our community benefit giving, but also guide our strategic planning We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care The Missoula County 'Community Health Assessment Committee' with input from the Providence St Patrick Hospital Board's Mission and Community Needs Committee met over 12 months to discuss the most pressing health concerns as well as to gather and review data to identify the greatest community needs CHA Work Group members collected community input specifically for use in the report Two focus groups for the community at large, conducted by St Patrick Hospital in collaboration with Community Medical Center and Partnership Health Center, held on May 14 and 16, 2014 Community survey administered by St Patrick Hospital in May 2014 Focus group at Missoula Aging Services, conducted by MCCHD and Partnership Health Center, held on September 16, 2014 Focus group at Missoula Indian Center, conducted by MCCHD, held on September 16, 2014 Survey posted with CHA report on MCCHD website, October through November 2014 Presentations at community council meetings in Bonner, East Missoula, and Frenchtown, conducted by MCCHD in November 2014 Community input meeting, conducted by MCCHD, held at the Missoula Public Library on November 19, 2014 Missoula County CHA was approved December 2014 The CHA group identified two priority areas to address in the CHIP (Community Health Improvement Plan) December 2014 The SPH Mission and Community Needs Committee met to approve the priority areas identified for the CHIP and the additional objectives that Providence will work on to address community needs

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 The financial counselors are available to meet with patients or families if they have a question about their bill or those needing assistance in filling out applications for coverage for a variety of programs such as Medicaid, CHIP or ACA-market place plans The financial counselors are available every day of the week 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	St Patrick Hospital is a Catholic, not-for-profit acute care tertiary medical center located in Missoula, Montana The hospital serves a primary service area of about 200,000 people in western Montana and 400,000 others in contiguous areas St Patrick Hospital provides cardiac and neurosurgical services along with other acute inpatient medical/surgical services and inpatient rehabilitation and neurobehavioral medicine St Patrick Hospital operates the only level 2 Trauma Center in Western Montana and has accredited chest pain, stroke and child advocacy programs (FirstSTEP) The US Census estimates Missoula County's 2013 population at 111,807, the second most populous county in Montana The City of Missoula is the county seat and has an estimated 2013 population of 69,122, almost 62% of the total county population The US census estimated growth rate for Missoula County between 2010 and 2013 is 2 3% Poverty levels are high in Missoula County, and wages are low The US census 2013 estimates are that 18% of county residents living in poverty, compared to 15% in Montana

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	St Patrick Hospital, St Joseph Medical Center and Providence Medical Group collectively build and support coordinated services across the continuum of care to meet regional residents' needs, while mutually supporting organizational, operational, and fiscal health Joint ventures include research collaborations (cardiac, neuroscience, and oncology) with the University of Montana, affiliations with long term care facilities, a federally qualified health center and a surgery center, among others St Patrick Hospital management is directed by an independent governing board which helps direct the hospital in its Mission to serve the community The composition of the governing board represents the diversity of the community by having representatives from local government, social service agencies, medical providers, independent business representatives and interested community members The St Patrick Hospital Board reviews and develops the community benefit plan, providing information and insight into community needs and resources and helping set priorities for what community needs are to be addressed They also receive regular updates on the overall community benefit strategy and specific programs to assess whether the organization is having an impact on the health of the community As a ministry of Providence Health & Services, St Patrick Hospital is guided by a Mission and set of core values based on Catholic health care and inspired by the legacy of the Sisters of Providence As one Catholic health system committed to caring for the poor and vulnerable, Providence Health & Services has developed a single framework for consistently reporting charity care and community benefit Our responsibility to stewardship drives us to a standardized approach to supply chain so that we can deliver excellent patient care while reducing the cost of delivered supplies Our commitment to respect and fairness means Providence has a system-wide compensation policy Locally, Providence St Joseph Medical Center is empowered to apply these policies to meet the local needs of their community St Patrick Hospital has affiliate relationships with the following critical access hospitals in western Montana Community Medical Hospital in Anaconda, Clark Fork Valley Hospital in Plains and Granite County Hospital in Phillipsburg These critical access hospitals are limited service hospitals designed to provide essential services to rural communities St Patrick Hospital supports its rural community hospitals by allowing them to purchase supplies and medical equipment at a very low cost due to the purchasing abilities of the whole Providence system These critical access hospitals are able to maintain access to critical medical services in very rural counties by Providence's support, in fact, every one of these hospitals is located in a county that has the federal designation as health provider shortage areas The Institute of Medicine and Humanities is a joint program of The University of Montana and St Patrick Hospital The institute fosters the human dimensions of health care by working at the interface of the humanities and medicine Since its inception in 1987, the Institute of Medicine and Humanities has employed both the traditional humanities and the fine arts to illuminate and understand major issues that confront health care in contemporary society As medicine has changed, the institute has also evolved its focus to look more broadly at opportunities to make a difference through education in the health care environment with an emphasis on health, as opposed to health care specifically This includes education of the public about important health care issues, education of undergraduates interested in the health care profession, and education of graduate level nursing, pharmacy and medical students in ethics, collaborative care and team building and conflict resolution St Patrick Hospital conducts local assessments to make sure the needs of the community are met The community board of directors oversees and approves the annual community benefit plan that addresses the health care disparities within the community The community benefit plan is developed and reviewed annually to ensure that the proposed outcomes are being met This plan is implemented in concert with others in the community to increase the accountability that we share with them to improve the health of our community and to not duplicate services

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	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	MT

Additional Data

Software ID:

Software Version:

EIN: 81-0231793

Name: PROVIDENCE HEALTH & SERVICES - MONTANA

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		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 St Patrick Hospital 500 West Broadway Missoula, MT 59802 montana providence org/hospitals/ 13200	X	X		X			X		Rehab and Psych	

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 Patrick Hospital	
Providence St Patrick Hospital	Part V, Section B, Line 6a Community Medical Center
Providence St Patrick Hospital	Part V, Section B, Line 6b Missoula City-County Health Department, Grant Creek Family Med icine, Missoula Aging Services, Missoula Forum for Children & Youth, Missoula Indian Cente r, Partnership Health Center, United Way of Missoula County
Providence St Patrick Hospital	Part V, Section B, Line 11 Based on the data, input from the community, and group discuss ion, the two priority issues are improving access to healthcare and reducing obesity The re was an extensive list of needs and issues identified through this assessment process an d the organization is unable to address all of them during this cycle due to funding and r esource availability There are other community organizations focusing on such issues, and PH&S-MT will be an engaged partner with other community led collaborative efforts Please see "Community Health Improvement Plan" located at communitybenefit providence org/communi ty-health-needs-assessments/
Providence St Patrick Hospital	Part V, Section B, Line 16j Brochures and cards are available in all access points at our facilities telling a patient how to gain information and apply Also our statements provi de information on how to apply by making contact with our business office

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 Patrick Hospital	
Providence St Patrick Hospital	Part V, Section B, Line 24 For non medically necessary services a patient may be charged full billed charges
Part V, Section B, Line 7a	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	1 - Florence Family Medicine 5549 Old Highway 93 Florence, MT 59833	Outpatient Services
1	2 - Montana Spine and Pain Center 1103 Westwood Drive Suite 200 Hamilton, MT 59840	Outpatient Services
2	3 - Bariatric Services 500 West Broadway 5th Floor Missoula, MT 59802	Outpatient Services
3	4 - Broadway Internal Medicine 500 W Broadway Broadway Bldg 4th Fl Missoula, MT 59802	Outpatient Services
4	5 - Endocrinology Diabetes and Nutrition 900 N Orange St Suite 304 Missoula, MT 59802	Outpatient Services
5	6 - Grant Creek Family Medicine 3075 N Reserve Street Suite Q Missoula, MT 59808	Outpatient Services
6	7 - Infectious Disease 902 N Orange Street Missoula, MT 59802	Outpatient Services
7	8 - Long Term Mobility Care 500 W Broadway Missoula, MT 59802	Outpatient Services
8	9 - Missoula Family Medical 900 N Orange Street Suite 303 Missoula, MT 59802	Outpatient Services
9	10 - Missoula Midwives 601 W Spruce Street Suite D Missoula, MT 59802	Outpatient Services
10	11 - Montana Internal Medicine 2819 Great Northern Loop Suite 200 Missoula, MT 59808	Outpatient Services
11	12 - Montana Nephrology 500 W Broadway Broadway Bldg 4th Fl Missoula, MT 59802	Outpatient Services
12	13 - Montana Neurosurgical Specialists 500 W Broadway Suite 310 Missoula, MT 59802	Outpatient Services
13	14 - Montana Spine and Pain Center 500 W Broadway 3rd Fl Missoula, MT 59802	Outpatient Services
14	15 - Occupational Health 3055 N Reserve Street Suite D Missoula, MT 59808	Outpatient Services

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	16 - Providence Neurology Specialists 601 W Spruce Street Suite J Missoula, MT 59802	Outpatient Services
1	17 - Providence Palliative Care 900 N Orange Street Suite 205 Missoula, MT 59802	Outpatient Services
2	18 - Providence Psychiatry 900 N Orange Street Suite 202 Missoula, MT 59802	Outpatient Services
3	19 - Urgent Mental Health Clinic 900 N Orange Street Suite 102 Missoula, MT 59802	Outpatient Services
4	20 - Women's Care and Family Wellness 1211 S Reserve Street Suite 101 Missoula, MT 59801	Outpatient Services
5	21 - Wound Care Center 902 N Orange Street Missoula, MT 59802	Outpatient Services
6	22 - Lifespan Family Medicine 715 South Main Street Suite A Stevensville, MT 59870	Outpatient Services

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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 - MONTANA

Employer identification number
81-0231793

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 . . . . . ▶ 14

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) Tuition Assistance	25		81,626	Cost	Tuition for Nursing Program Students at UGF
(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 general those donation requests come directly to the Administrative team If appropriate in nature, the Admin team may hand off to the Mission and Community needs assessment subcommittee of the Board for their recommendation If it goes to the subcommittee the requesting party comes before the subcommittee to present their need which includes intended use of the funds Either way the Admin team must give final approval The Admin team either sees the deployment of the funds in specific Community projects and/or they will ask for reports from the group on how the funds impacted the specific community project Most of them come with some sort of formal recognition of St Pats as a primary donor Scholarships are awarded based on need and other criteria Specific follow up is monitored through the affiliated University of Great Falls

Additional Data

Software ID:
Software Version:
EIN: 81-0231793
Name: PROVIDENCE HEALTH & SERVICES - MONTANA

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 Patrick Hospital Foundation dba Providence Montana Health Foundation 900 N Orange Suite 201 Missoula, MT 59802	23-7056976	501 (C)(3)	662,520				Contribution for Operational Support
University of Montana Foundation PO Box 7159 Missoula, MT 59807	81-0362989	501 (C)(3)	60,000				Pledge to Missoula College Building Fund

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 Social Services Of Montana PO Box 907 Helena, MT 59624	92-0037322	501 (C)(3)	35,000				Serving Catholic social services in MT
Missoula County Public Schools 215 South 6th West Missoula, MT 59801	81-0504312	Government	30,000				Sponsor Health Science Academy at Big Sky High School

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
Special Olympics Montana PO Box 3507 Great Falls, MT 59403	81-0367064	501 (C)(3)	25,000				Montana Special Olympics Sponsorship
Missoula County United Way 412 W Alder St Missoula, MT 59807	81-0287854	501 (C)(3)	25,000				Support Healthcare in Community

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 Heart Association PO Box 50085 Prescott, AZ 86304	13-5613797	501 (C)(3)	17,500				Building healthier lives free of cardiovascular disease & stroke
Missoula Community Foundation PO Box 8806 Missoula, MT 59807	81-0539830	501 (C)(3)	15,000				Sponsor Climate Smart Missoula

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
North Missoula Community Development Corporation 1500 Burns Street Missoula, MT 59802	81-0509941	501 (C)(3)	15,000				Burns Street nutrition program support
City of Missoula 435 Ryman St Missoula, MT 59802	81-6001293	Government	15,000				Support Let's Move Missoula before school program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Missoula Aging Service 337 Stephens Ave Missoula, MT 59801	81-0379543	501 (C)(3)	10,000				Support care transitions program
Missoula Food Bank 219 South Third Street West Missoula, MT 59801	81-0414143	501 (C)(3)	6,000				Support for community programs

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 Xavier Parish 420 West Pine Street Missoula, MT 59802	81-0233122	501 (C)(3)	5,500				Support for 125th Anniversary Celebration
Tamarack Grief Resource Center 405 S 1st St W Missoula, MT 59801	26-2278278	501 (C)(3)	5,000				Support for bereavement and trauma care

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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 - MONTANA

Employer identification number
81-0231793

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: 81-0231793
Name: PROVIDENCE HEALTH & SERVICES - MONTANA

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 Providence's philosophy of transparency, the narrative that follows relates to the compensation and benefits provided by the related organization Providence Health & Services Expense Reimbursement Procedures include the following policies 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 23 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 3 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 3 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 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) Jeff Fee a) SERP Interest Credit - $54,517 6) Debra Canales a) SERP Earned but not Vested - $578,244 7) Rhonda Medows, MD a) SERP Earned but not Vested - $267,369 b) SERP Interest Credit - $11,866 8) Lisa Vance a) SERP Interest Credit - $79,015 9) Janice Newell a) SERP Earned but not Paid - $23,422 10) Amy Compton-Phillips a) SERP Earned but not Vested - $223,438 b) SERP Interest Credit - $8,418 11) Aaron Martin a) SERP Earned but not Vested - $188,376 12) Joel Gilbertson a) SERP Earned but not Vested - $160,455 b) SERP Interest Credit - $39,169 13) Orest Holubec a) SERP Earned but not Vested - $144,707 b) SERP Interest Credit - $19,483 14) Greg Till a) SERP Earned but not Vested - $78,010 b) SERP Interest Credit - $10,002 15) Sharon Toncray a) SERP Earned but not Vested- $172,369 b) SERP Interest Credit - $22,823 16) Jack Mudd a) SERP Earned but not Paid - $5,896 b) SERP Interest Credit - $115,845 17) Debbie Burton a) SERP Earned but not Paid - $16,879 b) SERP Interest Credit - $37,391 18) Mike Waters a) SERP Earned but not Vested - $143,129 b) SERP Interest Credit - $10,334 19) David Brown a) SERP Earned but not Vested - $134,921 b) SERP Interest Credit - $42,528 20) Mary Cranstoun a) SERP Earned but not Vested - $77,234 21) Paul Stoddart a) SERP Interest Credit - $8,530 22) Robert Hellrigel a) SERP Earned but not Vested - $136,978 b) SERP Interest Credit - $10,404 23) Mark Gargett a) SERP Earned but not Paid - $12,295 b) SERP Interest Credit - $11,400 24) Randy Axelrod, MD a) SERP Paid - $564,384 25) 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 - Eff 12/16	(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
5Jeffrey Fee CE/Western MT Region	(I)	0	0	0	0	0	0	0
	(II)	367,073	214,880	18,000	79,978	-22,604	-702,535	0
6Kirk Bodlovic CFO/St Patrick Hospital	(I)	0	0	0	0	0	0	0
	(II)	223,638	46,909	75	24,308	-19,511	-314,441	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
15Robert Hellngel SVP-CE / Senior & Comm Services	(I)	0	0	0	0	0	0	0
	(II)	393,690	222,195	4,396	174,041	-22,748	-817,070	0
16Mark Gargett VP/Digital Integration	(I)	0	0	0	0	0	0	0
	(II)	386,259	224,528	0	42,448	-23,522	-676,757	0
17David 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
18Debbie 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
19Mary 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

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 Aaron 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
1 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
2 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
3 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
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 Simone Musco MDPhysician	(i)	578,045	340,441	18,075	17,360	21,460	975,381	0
	(ii)	0	0	0	0	- 0	- 0	0
8 Michael Yerkey MDPhysician	(i)	560,895	274,165	18,075	13,197	21,286	887,618	0
	(ii)	0	0	0	0	- 0	- 0	0
9 Mark L Sanz MD Physician - Cardiology	(i)	430,661	277,529	18,075	28,173	20,849	775,287	0
	(ii)	0	0	0	0	- 0	- 0	0
10 James Maddux MD Physician	(i)	646,041	47,500	18,075	25,044	21,466	758,126	0
	(ii)	0	0	0	0	- 0	- 0	0
11 James M Maxwell MD Physician	(i)	627,998	50,000	18,075	33,125	20,481	749,679	0
	(ii)	0	0	0	0	- 0	- 0	0
12 Randy Axelrod MD EVP/Clinical & Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	0	564,384	854,949	0	- 0	- 1,419,333	0
13 Craig Wright MD 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
14 Jack Friedman SVP/Accountable Care & Payor Rel	(i)	0	0	0	0	0	0	0
	(ii)	0	299,327	0	0	- 0	- 299,327	0

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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 - MONTANA

Employer identification number
81-0231793

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Montana Facility Finance Authority	81-0302402	61204KCB5	09-28-2016	43,198,256	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	43,198,255			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	113,566			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	43,057,974			
12	Other unspent proceeds	26,715			
13	Year of substantial completion	2002			

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Issue A Part I, Question (f)	Current refunding of the Montana Facility Finance Authority Series 2006B bonds

Return Reference	Explanation
SCHEDULE K - PART I - BOND ISSUES	The 2016F Series issued by the Montana Facility Finance Authority was issued to cover the refunding of the 2006B Series bonds for both Providence Health & Services - Montana and Providence St Joseph Medical Center located in Polson, MT Since this bond issue is spread across two separate legal entities, the amounts shown reflect only the portion allocated directly to Providence Health & Services - Montana

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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 - MONTANA

Employer identification number
81-0231793

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, a Washington not-for-profit corporation

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 Additionally, the Member may appoint and remove the President/CEO with or without cause, after requesting a recommendation for the Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following powers reside with the Member * To adopt or change the mission, philosophy, and values of the Corporation * To amend or repeal the Articles of Incorporation and the Bylaws of the Corporation * To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale, transfer, assignment or encumbering of the assets, in excess of a specified amount * To approve the dissolution and/or liquidation or the consolidation or merger of the Corporation * To approve the annual operating and capital budget and approval any deviations from the budget exceeding a specified amount * To appoint the Corporation's certified public accountants after receiving recommendation of the Board of Directors * To approve the closure of any institution or major ministry or work within this 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	Jeffrey Fee - 500 West Broadway, Missoula, MT 59802 Kirk Bodlovic - 500 West Broadway, Missoula, MT 59802

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Agency/Contract Labor Program service expenses 746,611 Management and general expenses 7,744 Fundraising expenses 0 Total expenses 754,355 Medical Director & Med Physician Fees Program service expenses 18,232,107 Management and general expenses 42,834 Fundraising expenses 0 Total expenses 18,274,941 Repairs & Maintenance Program service expenses 3,034,289 Management and general expenses 500,326 Fundraising expenses 0 Total expenses 3,534,615 Billing & Collections Program service expenses 0 Management and general expenses 3,222 Fundraising expenses 0 Total expenses 3,222 Transcription & Translation Services Program service expenses 37,782 Management and general expenses 0 Fundraising expenses 0 Total expenses 37,782 Dietary Program service expenses 5,383 Management and general expenses 3,990 Fundraising expenses 0 Total expenses 9,373 Other Patient Services Program service expenses 20,514,168 Management and general expenses 2,157 Fundraising expenses 0 Total expenses 20,516,325 Other Administrative Services Program service expenses 5,473,327 Management and general expenses 1,128,302 Fundraising expenses 0 Total expenses 6,601,629 General Consulting Fees Program service expenses 2,754,186 Management and general expenses 1,597,471 Fundraising expenses 0 Total expenses 4,351,657

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Recipient Organization Adjustment 954,787 IAF Rent Revenue 1,035,434 IAF Rent Expenses -1,036,308 Rounding 1 Affiliate Transfers 8,566,782

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 System's financial statements and reporting, the audit process and the System's internal financial controls and policies, compliance with ethical, legal and regulatory standards and requirements, the independence, qualifications and performance of the System's internal and external auditors, the System's 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 IX, COLUMN D FUNDRAISING EXPENSES	This entity had no fundraising expenses as all fundraising is handled through an affiliated Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	Volunteers with St Patrick Hospital provide staffing in the following areas Shifts are usually three and half to four hours in length * Broadway Building Outpatient Pharmacy - Assist Pharmacy staff and serve customers of the Broadway Building Pharmacy * Day Surgery - Act as hostess or host to patients' families * Distribution and Delivery - Make supply deliveries throughout hospital on the even hour or as directed for rush orders * First Class Crew - Work on special projects as requested by hospital departments * Foot Clinic - Greet patients and visitors of St Pat's Foot Care Service Clinics * Gift Shop, Broadway Building "Shamrock Shop" - Customer service volunteer provides necessities and gift items to patients, visitors and staff of St Patrick Hospital * Information Center-Broadway Building - Provide hospitality by greeting and escorting patients and visitors to desired locations in the Broadway Building or Hospital, or provide clear directions for them * Information Desk - Hospital - Provide hospitality by greeting hospital patients and visitors Volunteers at the Information Desk provide the front door first impression of our hospital * International Heart Institute-Provide information and assistance to patients and families seeking a particular location or service Additional tasks include stocking supplies in exam rooms and recycling * Intensive Care Unit Information - Serve as a hostess or host, and thoughtfully and considerately provide help to families of critically ill patients * Mended Hearts Patient Visitation- Offer help, support and encouragement to heart disease patients and their families Mended Heart Volunteers are members of Mended Hearts Chapter 324 and are heart disease survivors * Cancer Center- Provides support to patients by offering non-medical assistance to enhance perception of quality care and hospitality * Neurobehavioral Medicine Visitor Registration- Assist Neurobehavioral Health (NBH) staff and serve patients and visitors of the facility * Patient and Guest Escort Services- Help hospital visitors find their way from one location to another within St Patrick Hospital and the Broadway Building Assist patients upon admission or discharge * Stocking Patient Room Cabinets-Times are flexible, determined by the nursing floor * Sunrise Coffee Service- Early morning service offering hospital patients by coffee, tea or juice and a newspaper * St Patrick House - Assist staff of St Patrick House by offering excellent hospitality to visitors and residents of the house and by completing routine tasks required for efficient operation of St Patrick House In addition, volunteers serve in many of our hospital departments Requests are often for special one-time clerical projects but some departments need volunteer help weekly - Providence Montana Health Foundation Office - Learning Center (Library) - Print Shop - Volunteer Services Office

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1 - ISSUANCE OF FORM 1099	All 1099s for 2016 were issued by Providence Health & Services - Washington #51-0216586 Therefore, none are shown for the reporting organization

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

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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 - MONTANA

Employer identification number
81-0231793

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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) Section 512(b)(13) controlled entity? 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		No
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	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St Patrick Hospital Foundation dba Providence Montana Health Foundation	B	662,520	Cost
(2) St Patrick Hospital Foundation dba Providence Montana Health Foundation	C	556,717	Cost
(3) Broadway Imaging LLC	M	1,948,784	Cost

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: 81-0231793
Name: PROVIDENCE HEALTH & SERVICES - MONTANA

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 51-0216587	Healthcare System	OR	501(c)(3)	Line 3	Providence Health & Services		No
(2) 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	Providence Health & Services		No
(3) PO Box 5128 Everett, WA 982065128 94-3264605	Transitional Care	WA	501(c)(3)	Line 10	N/A		No
(4) 4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964	Healthcare Services	WA	501(c)(4)	N/A	PH & S - Oregon		No
(5) 4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097	Health Service Contractor	OR	501(c)(4)	N/A	Providence Plan Partners		No
(6) 4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	Providence Health Plan		No
(7) 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 12/Type I	PHS - So California		No
(8) 4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501(c)(3)	Line 10	PHS - So California		No
(9) 5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501(c)(3)	Line 10	PHS - So California		No
(10) 1700 Providence Pl Centralia, WA 98531 91-1789266	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(11) 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(12) 1700 Providence Pl Centralia, WA 98531 31-1584166	Supportive Housing	WA	501(c)(3)	Line 10	PH & S - Washington		No
(13) 5921 E Burnside Portland, OR 97215 91-1562797	Supportive Housing	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(14) 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(15) 7101 38th Avenue South Seattle, WA 98118 31-1629656	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(16) 3201 SW Graham St Seattle, WA 98126 91-2171539	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(17) 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(18) 312 North Fourth St Yakima, WA 98901 91-1180824	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(19) 5520 NE Glisan Portland, OR 97213 91-1214491	Supportive Housing	OR	501(c)(3)	Line 10	PH & S - Oregon		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 540 23rd St Oakland, CA 94612 91-1293869	Supportive Housing	CA	501(c)(3)	Line 10	PHS - So California		No
(1) 1423 First Avenue Seattle, WA 98101 20-1910170	Supportive Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(2) 1205 Montello Ave Hood River, OR 97031 47-3385506	Supportive Housing	WA	501(c)(3)	Line 7	N/A		No
(3) 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
(4) 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
(5) 413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501(c)(3)	Line 7	PH & S - Washington		No
(6) 914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501(c)(3)	Line 7	PH & S - Washington		No
(7) 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	PH & S - Washington		No
(8) 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
(9) 1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(10) 725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(11) 1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(12) 540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(13) 4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(14) 9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(15) 10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(16) 830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(17) 5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016	Support TrinityCare Hospice	CA	501(c)(3)	Line 7	Providence TrinityCare Hospice		No
(18) 4101 Torrance Blvd Torrance, CA 90503 51-0224944	Support Little Company of Mary Service Area	CA	501(c)(3)	Line 7	PHS - So California		No
(19) 501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501(c)(3)	Line 7	PHS - So California		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) 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
(1) 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277	Healthcare	WA	501(c)(3)	Line 3	Providence MinistriesWHC		No
(2) 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
(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	Yes	
(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		No
(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		No
(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

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(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	PH&S - MT	Related	7,767,813	4,439,581		No		Yes		75 000 %
(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	N/A									
(4) Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897	Radiation Oncology	OR	N/A									
(5) Ctr for Med Imaging-Bridgeport LLC 4400 NE Halsey 495 Portland, OR 97213 26-0796953	Imaging - Diagnostics	OR	N/A									
(6) Ctr for Med Imaging-Tanasbourne LLC 4400 NE Halsey 495 Portland, OR 97213 20-0477972	Imaging - Diagnostics	OR	N/A									
(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	N/A									
(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	N/A									
(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	PH&S - MT	Related	1,019,002	2,391,091		No			No	76 560 %
(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

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(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