efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
PROVIDENCE HEALTH & SERVICES - OREGON

Doing business as

Number and street (or P O box if mail is not delivered to street address) | 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
51-0216587

E Telephone number
(425) 525-3985

G Gross receipts $ 3,664,636,240

F Name and address of principal officer
MIKE BUTLER
1801 LIND AVENUE SW No 9016
RENTON, WA 980579016

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

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

H(c) Group exemption number ▶

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

J Website: ▶ OREGON PROVIDENCE ORG

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

L Year of formation 1986

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

Activities & Governance

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 2017 (Part V, line 2a)	**5**	23,693
6	Total number of volunteers (estimate if necessary)	**6**	3,055
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,230,184
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,312,854

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	73,400,092	77,198,614
9	Program service revenue (Part VIII, line 2g)	3,006,853,429	3,189,053,862
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,657,595	22,728,366
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,284,547	190,182,987
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,282,195,663	3,479,163,829

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,063,734	9,897,273
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,441,115,363	1,532,406,800
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,066,511		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,817,242,725	1,155,460,861
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,267,421,822	2,697,764,934
19	Revenue less expenses Subtract line 18 from line 12	14,773,841	781,398,895

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,118,368,414	3,198,205,501
21	Total liabilities (Part X, line 26)	587,172,994	565,444,422
22	Net assets or fund balances Subtract line 21 from line 20	2,531,195,420	2,632,761,079

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-11-15

JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EVA NITTA	EVA NITTA			P01286320

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 560 MISSION STREET SUITE 1600
SAN FRANCISCO, CA 94105 — Phone no (415) 894-8000

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 EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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 $ 915,693,433 including grants of $ 0) (Revenue $ 848,013,256)
See Additional Data

4b (Code) (Expenses $ 698,067,741 including grants of $ 0) (Revenue $ 646,472,582)
See Additional Data

4c (Code) (Expenses $ 293,436,305 including grants of $ 0) (Revenue $ 1,425,377,828)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 486,143,935 including grants of $ 9,897,273) (Revenue $ 271,748,018)

4e **Total program service expenses ▶** 2,393,341,414

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,196		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	23,693		
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		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JO ANN ESCASA-HAIGH 3345 MICHELSON DRIVE IRVINE, CA 92612 (949) 381-4000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,877,934	36,754,919	24,650,761

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3,484

			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
OR EMERGENCY PHYSICIANS PC 9155 SW BARNES RD SUITE 420 PORTLAND, OR 97225	STAFFING SERVICES	37,923,475
ANDERSEN CONSTRUCTION CO INC PO BOX 6712 PORTLAND, OR 972286712	CONSTRUCTION SERVICES	31,406,904
OR CLINIC PC 847 NE 19TH AVE SUITE 300 PORTLAND, OR 97232	STAFFING SERVICES	10,776,400
CROSS COUNTRY STAFFING INC FILE 50941 LOS ANGELES, CA 900740941	STAFFING SERVICES	9,476,125
S AND B JAMES CONSTRUCTION CO 8425 AGATE ROAD WHITE CITY, OR 97503	CONSTRUCTION SERVICES	6,287,062

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 ▶ 604

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	5,381			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	25,667,580			
	e Government grants (contributions)	1e	35,468,127			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,057,526			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		77,198,614			

Program Service Revenue	Business Code				
2a ACUTE CARE	900099	844,747,638	844,747,638		
b ~~PHARMACY~~	446110	843,851,929	840,996,628	2,855,301	
c ~~PRIMARY CARE~~	621110	643,983,078	643,983,078		
d ~~LABORATORY~~	621500	581,525,899	571,764,477	9,761,422	
e ~~SKILLED NURSING, HOSP~~	900099	270,701,543	270,701,543		
f All other program service revenue		4,243,775	4,243,775		
g Total. Add lines 2a–2f		3,189,053,862			

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			7,907,855			7,907,855
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents	31,044,833					
b Less rental expenses	35,798,620					
c Rental income or (loss)	-4,753,787					
d Net rental income or (loss)			-4,753,787			-4,753,787
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	126,550,081	2,393,099				
b Less cost or other basis and sales expenses	113,836,056	286,613				
c Gain or (loss)	12,714,025	2,106,486				
d Net gain or (loss)			14,820,511			14,820,511
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	47,043,335				
b Less cost of goods sold	b	35,551,122				
c Net income or (loss) from sales of inventory			11,492,213		3,613,461	7,878,752
Miscellaneous Revenue		Business Code				
11a INTERAFFILIATE REVENUE		900099	130,498,693			130,498,693
b RECOVERY/DISCOUNTS		900099	16,081,760			16,081,760
c CAFETERIA		900099	15,955,383			15,955,383
d All other revenue			20,908,725	2,557,822		18,350,903
e Total. Add lines 11a–11d			183,444,561			
12 Total revenue. See Instructions			3,479,163,829	3,178,994,961	16,230,184	206,740,070

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,880,405	9,880,405		
2 Grants and other assistance to domestic individuals See Part IV, line 22	16,868	16,868		
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	5,621,104		5,621,104	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,375,956,883	1,191,659,142	184,297,741	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,058,098	27,859,639	2,198,459	
9 Other employee benefits	11,192,414	9,782,380	1,410,034	
10 Payroll taxes	109,578,301	94,673,907	14,904,394	
11 Fees for services (non-employees)				
a Management				
b Legal	1,442,723	348,806	1,093,917	
c Accounting	17,163		17,163	
d Lobbying	363,756		363,756	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	725,988		725,988	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	246,302,136	220,809,640	25,492,496	
12 Advertising and promotion	3,272,000	245,110	3,026,890	
13 Office expenses	55,836,877	34,463,491	21,373,386	
14 Information technology	2,713,720	1,958,667	755,053	
15 Royalties . .				
16 Occupancy	46,043,287	35,913,764	10,129,523	
17 Travel	5,979,441	4,944,355	1,035,086	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	5,551,851	4,185,783	1,366,068	
20 Interest	8,001,039	8,001,039		
21 Payments to affiliates	1,123	1,123		
22 Depreciation, depletion, and amortization . .	85,686,406	66,835,397	18,851,009	
23 Insurance . . .	180,086	140,467	39,619	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	634,223,497	634,223,497		
b BAD DEBTS	22,537,856	22,537,856		
c PROVIDER TAX EXPENSE	15,129,014	15,129,014		
d UBI TAXES	664,864		664,864	
e All other expenses	20,788,034	9,731,064	6,990,459	4,066,511
25 **Total functional expenses.** Add lines 1 through 24e	2,697,764,934	2,393,341,414	300,357,009	4,066,511
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		17,716,645	1	11,130,975
	2	Savings and temporary cash investments		185,068,091	2	316,154,978
	3	Pledges and grants receivable, net		2,805,403	3	2,270,868
	4	Accounts receivable, net		368,286,923	4	382,273,758
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,299,701	7	1,317,413
	8	Inventories for sale or use		42,907,923	8	46,782,231
	9	Prepaid expenses and deferred charges		27,721,025	9	9,192,294
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,020,311,400			
	b	Less accumulated depreciation	10b 2,004,785,998	1,025,132,011	10c	1,015,525,402
	11	Investments—publicly traded securities		972,640,065	11	929,099,415
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		324,482,979	13	388,630,670
	14	Intangible assets		4,601,589	14	1,614,611
	15	Other assets See Part IV, line 11		145,706,059	15	94,212,886
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,118,368,414	16	3,198,205,501
Liabilities	17	Accounts payable and accrued expenses		225,516,385	17	235,934,872
	18	Grants payable			18	
	19	Deferred revenue		18,866,359	19	23,039,867
	20	Tax-exempt bond liabilities		265,290,000	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		652,636	21	721,687
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		27,189,813	23	1,276,607
	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		49,657,801	25	304,471,389
	26	**Total liabilities.** Add lines 17 through 25		587,172,994	26	565,444,422
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,404,452,521	27	2,460,890,008
	28	Temporarily restricted net assets		89,162,566	28	127,247,609
	29	Permanently restricted net assets		37,580,333	29	44,623,462
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,531,195,420	33	2,632,761,079
	34	Total liabilities and net assets/fund balances		3,118,368,414	34	3,198,205,501

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,479,163,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,697,764,934
3	Revenue less expenses Subtract line 2 from line 1	3	781,398,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,531,195,420
5	Net unrealized gains (losses) on investments	5	61,904,615
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-23,684,766
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-718,053,085
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,632,761,079

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O PROVIDENCE ST JOSEPH HEALTH SYSTEMON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & SERVICESIN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEMIN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA ACUTE CARE OUTPATIENT AND INPATIENTOUR CORE VALUES - RESPECT, COMPASSION, JUSTICE, EXCELLENCE, AND STEWARDSHIP OUR COMMITMENTAS A NOT-FOR-PROFIT HEALTH CARE MINISTRY, PROVIDENCE HEALTH & SERVICES - OREGON EMBRACES OUR RESPONSIBILITY TO RESPOND TO THE NEEDS OF PEOPLE IN OUR COMMUNITIES, ESPECIALLY THE POOR AND VULNERABLE THIS COMMITMENT, THIS MISSION ROOTED IN GOD'S LOVE FOR ALL, BEGAN WITH THE SISTERS OF PROVIDENCE MORE THAN 160 YEARS AGO THE HEART OF OUR MISSIONWE FOCUS OUR COMMUNITY BENEFIT OUTREACH ON FOUR SPECIFIC POPULATIONS THESE ARE LOW-INCOME AND UNINSURED PEOPLE, DIVERSE POPULATIONS, OLDER CITIZENS, AND PEOPLE WITH BEHAVIORAL NEEDS OUR OUTREACH CAN RANGE FROM COVERING THE MEDICAL BILLS OF A HUSBAND AND FATHER DISABLED BY DIABETES, TO FINANCIALLY SUPPORTING A NONPROFIT THAT EMBRACES OLDER REFUGEES AND IMMIGRANTS DURING THESE HARD ECONOMIC TIMES IN OUR NEIGHBORHOODS AND OUR NATION, WE REINFORCE OUR COMMITMENTS TO CARING FOR THE POOR AND VULNERABLE THIS COMPASSIONATE CARING IS, AND ALWAYS HAS BEEN, THE HEART OF OUR MISSION PROVIDENCE HEALTH & SERVICES - OREGON IS A NOT-FOR-PROFIT NETWORK OF HOSPITALS, CARE CENTERS, HEALTH PLANS, PHYSICIANS, HOME HEALTH SERVICES, CLINICS AND OTHER SERVICES WE CONTINUE A TRADITION OF CARING THAT THE SISTERS OF PROVIDENCE BEGAN IN THE WEST 160 YEARS AGO OUR FACILITIES INCLUDE PROVIDENCE ST VINCENT MEDICAL CENTER, PROVIDENCE PORTLAND MEDICAL CENTER, PROVIDENCE MILWAUKIE HOSPITAL, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL, PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER, PROVIDENCE NEWBERG MEDICAL CENTER, PROVIDENCE SEASIDE HOSPITAL, PROVIDENCE MEDFORD MEDICAL CENTER, PROVIDENCE CHILD CENTER, PROVIDENCE ELDERPLACE, PROVIDENCE BENEDICTINE NURSING CENTER, PROVIDENCE HOME AND COMMUNITY SERVICES, PROVIDENCE HEALTH PLANS, PROVIDENCE MEDICAL GROUP CLINICS, PROVIDENCE GRADUATE MEDICAL EDUCATION CLINICS, PROVIDENCE NORTH COAST CLINICS AND PROVIDENCE HOOD RIVER CLINICS RESEARCH CENTERSPROVIDENCE PHYSICIANS, SCIENTISTS AND RESEARCH TEAMS PARTICIPATE IN BASIC RESEARCH, APPLIED RESEARCH AND CLINICAL TRIAL RESEARCH THEY HAVE ACHIEVED NATIONAL RECOGNITION FOR THEIR WORK, SOME OF WHICH HAS LED TO REVOLUTIONARY CHANGES IN HEALTH CARE *BRAIN & SPINE INSTITUTE*CENTER FOR OUTCOMES RESEARCH AND EDUCATION*EARLE A CHILES RESEARCH INSTITUTE, ROBERT W FRANZ CANCER RESEARCH CENTER*HEART & VASCULAR INSTITUTE*ORTHOPEDICS RESEARCH INSTITUTE*WOMEN AND CHILDREN'S HEALTH RESEARCH CENTERTHE MINISTRIES OF PROVIDENCE IN OREGON HAVE A SHARED VISION TO CREATE AN EXPERIENCE OF CONNECTED CARE FOR EACH PATIENT WE ALSO WORK TO ACHIEVE THE TRIPLE AIM, WHICH CALLS US TO *IMPROVE OUR POPULATION'S HEALTH*GIVE OUR PATIENTS THE BEST CARE EXPERIENCE*MAKE SURE OUR SERVICES ARE AFFORDABLEPROVIDENCE IN OREGON *OPERATED EIGHT HOSPITALS, MORE THAN 90 CLINICS AND TWO NEONATAL INTENSIVE CARE UNITS*PROVIDED PRIMARY, PREVENTIVE AND SPECIALTY CARE TO OVER 2 1 MILLION CHILDREN AND ADULTS

Form 990, Part III, Line 4b:

SEE SCHEDULE O PRIMARY CARE SEE LINE 4A NARRATIVE

Form 990, Part III, Line 4c:

SEE SCHEDULE O LABORATORY AND PHARMACY SERVICES PROVIDED TO PATIENTS SEE LINE 4A NARRATIVE

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

(Code) (Expenses $ 476,246,662 including grants of $ 0) (Revenue $ 271,748,018)

LONG-TERM CARE, HOMECARE, HOSPICE, HOUSING & ASSISTED LIVING QUALITY HOME CARE FOR THE SEVENTH CONSECUTIVE YEAR, PROVIDENCE HOME CARE IN SOUTHERN OREGON HAS BEEN NAMED AS ONE OF THE TOP 500 HOME HEALTH AGENCIES IN THE NATION BY HOMECARE ELITE, BASED ON MEASURES OF QUALITY AND FINANCIAL PERFORMANCE HOSPICE SERVICES IN RURAL AREA PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL, A CRITICAL ACCESS FACILITY, HAS EXPANDED HOSPICE CARE TO SERVE RESIDENTS IN THE COLUMBIA GORGE AREA

(Code) (Expenses $ 9,897,273 including grants of $ 9,897,273) (Revenue $ 0)

GRANTS & ALLOCATIONS TO COMMUNITY ORGANIZATIONS - SEE SCHEDULE I

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DICK P ALLEN DIRECTOR	1 00 1 10	X						0	30,360	0
RICHARD BLAIR CHAIR	1 00 3 70	X						0	60,360	0
ISIAAH CRAWFORD PHD DIRECTOR	1 00 3 20	X						0	30,360	0
SISTER LUCILLE DEAN SP DIRECTOR	1 00 1 20	X						0	0	0
SISTER DIANE HEJNA CSJ RN DIRECTOR	1 00 1 00	X						0	0	0
MICHAEL HOLCOMB DIRECTOR	1 00 4 40	X						0	30,360	0
PHYLLIS HUGHES RSM DIRECTOR	1 00 4 10	X						0	0	0
SALLYE LINER MSN RN DIRECTOR	1 00 3 80	X						0	25,360	0
MARY LYONS PHD DIRECTOR	1 00 0 60	X						0	30,360	0
WALTER NOCE JR DIRECTOR	1 00 1 10	X						0	30,360	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE OLSEN VICE CHAIR	1 00 4 60	X						0	30,360	0
CAROLINA REYES MD DIRECTOR	1 00 3 70	X						0	30,360	0
PHOEBE YANG DIRECTOR	1 00 1 10	X						0	25,360	0
DONALD ANDERSON JR ASSIST SECRETARY FOR ENROLLMENT	7 00 53 00			X				0	248,186	20,012
VENKAT BHAMIDIPATI EVP/TREASURER	7 00 53 00			X				0	638,309	847,978
MIKE BUTLER PRESIDENT	11 00 49 00			X				0	2,529,152	2,095,457
JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER	9 00 51 00			X				0	1,372,090	667,685
CINDY STRAUSS SECRETARY	11 00 49 00			X				0	1,743,082	1,020,214
TAMMY TEODOSIO ASSISTANT SECRETARY	7 00 53 00			X				0	117,493	23,110
JOHN WHIPPLE ASSISTANT SECRETARY	7 00 53 00			X				0	754,801	485,048

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			
DAVE UNDERRINER CE/OR REGION	53 00 12 00				X			0	1,279,601	797,180
WILLIAM OLSON VP/FINANCIAL OPERATIONS - OR	41 00 9 00				X			0	633,451	422,190
THERON PARK CEO/OREGON DELIVERY SYSTEM	50 00 0 00				X			0	683,240	533,499
DOUG KOEKKOEK CEO/OMG/PATIENT SERVICES	50 00 0 00				X			0	707,369	564,574
ERIN ALLEN PHYSICIAN - DERMATOLOGY	40 00 0 00					X		1,134,595	0	132,153
WALTER URBA ADMINISTRATOR/CLINICAL RESEARCH	40 00 0 00					X		1,078,380	0	124,254
JEFFREY SWANSON SURGEON - CARDIOLOGY	40 00 0 00					X		893,990	0	77,131
GARY OTT SURGEON - CARDIOLOGY	40 00 0 00					X		854,442	0	70,155
DANIEL OSERAN SURGEON - CARDIOLOGY	40 00 0 00					X		916,527	0	80,031
ROD F HOCHMAN MD FORMER PRESIDENT / CEO	0 00 65 00						X	0	5,269,096	6,313,965

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			
TODD HOFHEINS FORMER - EVP/CFO /TREASURER	0 00 60 00						X	0	2,139,114	45,475
DEBRA CANALES FORMER - EVP/CAO	0 00 60 00						X	0	1,674,402	1,236,264
JANICE NEWELL FORMER - SVP/CHIEF INFORMATION OFFCR	0 00 60 00						X	0	1,396,825	738,630
JOEL GILBERTSON FORMER - SVP/COMMUNITY PARTNERSHIPS	0 00 60 00						X	0	856,314	552,384
OREST HOLUBEC FORMER - SVP/CHIEF COMM/EXT AFF OFF	0 00 55 00						X	0	788,870	484,008
GREG TILL FORMER - VP/CHIEF TALENT OFFICER	0 00 61 00						X	0	713,560	491,592
SHARON TONCRAY FORMER - SVP/CHIEF LABOR EE COUNSEL	0 00 60 00						X	0	766,530	557,321
JACK MUDD FORMER - SVP/MISSION LEADERSHIP	0 00 29 00						X	0	439,799	277,760
PAUL STODDART FORMER - VP/MARKETING	0 00 55 00						X	0	175,547	8,264
DAVID BROWN FORMER - VP/STRATEGY & BIZ DVLPMT	0 00 55 00						X	0	700,285	457,360

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 FORMER - SVP/ CHIEF NRSG OFFICER	0 00 60 00						X	0	776,449	387,202
MARY CRANSTOUN FORMER - VP/TOTAL REWARDS	0 00 60 00						X	0	705,405	482,346
AARON MARTIN FORMER - SVP/STRATEGY & INNOVATION	0 00 70 00						X	0	900,371	716,019
TOM MCDONAGH FORMER - VP/CHIEF INVESTMENT OFFICER	0 00 58 00						X	0	830,621	546,487
RHONDA MEDOWS MD FORMER - EVP/POPULATION HEALTH	0 00 60 00						X	0	1,582,404	1,126,342
HARVEY SMITH FORMER - SVP/CHIEF CUSTOMER SVC OFF	0 00 50 00						X	0	1,048,182	47,496
LISA VANCE FORMER - SVP/CLINICAL PROGRAM SRVCS	0 00 60 00						X	0	1,691,102	682,325
MIKE WATERS FORMER - VP,CAO/PHYSICIAN SERVICES	0 00 65 00						X	0	642,910	463,750
AMY COMPTON-PHILLIPS FORMER - EVP/CHIEF CLINICAL OFFICER	0 00 55 00						X	0	1,491,216	1,024,801
CRAIG WRIGHT MD FORMER - SVP/PHYSICIAN SVCS	0 00 0 00						X	0	245,590	10,916

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			
DOUG WALTA FORMER - CE /CLINICAL PROGRAMS	0 00 0 00						X	0	572,467	0
JOHN FLETCHER FORMER - VP/OPERATIONS SUPPORT	0 00 0 00						X	0	103,970	20,386
TERRY SMITH FORMER - SVP/MANAGEMENT SVCS	0 00 0 00						X	0	213,516	18,997

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

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

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

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

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

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

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

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

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

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

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

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		175,490
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		188,266
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?		No	
j	Total Add lines 1c through 1i			363,756
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1	LOBBYING ACTIVITY INCLUDES * ANALYSIS OF EARLY DRAFT LEGISLATION FOR 2017 OREGON LEGISLATIVE SESSION * VISITS, CALLS, E-MAILS, AND LETTERS TO STATE LEGISLATORS, LEGISLATIVE BODIES, AND MEMBERS OF CONGRESS * VISITS, CALLS, E-MAILS, AND LETTERS TO LEGISLATIVE STAFF AND GOVERNMENT OFFICIALS * DISCUSSIONS AND MEETINGS WITH LOBBYISTS * ONGOING ANALYSIS OF LEGISLATION DURING THE 2017 LEGISLATIVE SESSION * ATTENDING STATE, FEDERAL AND LOCAL GOVERNMENT HEARINGS AND MEETINGS IN THE PORTLAND AREA BALLOT MEASURES * DURING 2017, PROVIDENCE IN OREGON DID NOT ENGAGE IN DISCUSSIONS ON ANY STATE AND LOCAL GOVERNMENT BALLOT MEASURES WE DID ENGAGE IN PRELIMINARY DISCUSSIONS ON PROSPECTIVE INITIATIVE PETITIONS WHICH WERE ULTIMATELY WITHDRAWN * WE CONTRIBUTED FINANCIALLY TO SCHOOL DISTRICT AND COMMUNITY HEALTH BALLOT MEASURES, BUT DID NOT ENGAGE IN ADVOCACY ADDITIONALLY, A PORTION OF THE DUES PAID TO THE OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS IS CONSIDERED AS LOBBYING EXPENSES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		110,652,500		110,652,500
b Buildings		1,911,327,730	1,162,510,166	748,817,564
c Leasehold improvements		69,736,362	44,488,276	25,248,086
d Equipment		888,745,004	797,787,556	90,957,448
e Other		39,849,804		39,849,804
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,015,525,402

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN JOINT VENTURES	21,930,236	C
(2) BENEFICIAL INTEREST IN FOUNDATION	366,700,434	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	388,630,670	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RESIDENT TRUST FUNDS	186,159
LT ASSET RETIREMENT OBLIGATION - FIN47	2,290,033
DUE FROM THIRD PARTIES	7,756,907
CAPITALIZED LEASE OBLIGATIONS	25,447
PENSION BENEFIT OBLIGATION	8,820,741
EHR INCENTIVE SETTLEMENT PAYABLE	500,903
DUE TO AFFILIATES	75,706,199
I/C - TAX-EXEMPT BOND LIABILITIES	209,185,000
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	304,471,389

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
RESIDENT TRUST FUNDS	186,159
LT ASSET RETIREMENT OBLIGATION - FIN47	2,290,033
DUE FROM THIRD PARTIES	7,756,907
CAPITALIZED LEASE OBLIGATIONS	25,447
PENSION BENEFIT OBLIGATION	8,820,741
EHR INCENTIVE SETTLEMENT PAYABLE	500,903
DUE TO AFFILIATES	75,706,199
I/C - TAX-EXEMPT BOND LIABILITIES	209,185,000

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	THE ORGANIZATION IS THE CUSTODIAL OF RESIDENTS FUNDS THE AMOUNT OF FUNDS IS REPORTED AS AN ASSET AND AS A LIABILITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			218,790
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			218,790

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	THE AMOUNTS REPORTED IN COLUMN F WERE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland & Greenland)	0	0	FUNDRAISING	N/A	205,360
East Asia and the Pacific	0	0	FUNDRAISING	N/A	13,430

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,331,551	0	45,331,551	1 690 %
b Medicaid (from Worksheet 3, column a)			469,308,156	333,305,265	136,002,891	5 080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d **Total** Financial Assistance and Means-Tested Government Programs			514,639,707	333,305,265	181,334,442	6 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,909,588	940,268	5,969,320	0 220 %
f Health professions education (from Worksheet 5)			28,277,123	10,667,913	17,609,210	0 660 %
g Subsidized health services (from Worksheet 6)			40,062,280	21,739,843	18,322,437	0 680 %
h Research (from Worksheet 7)			39,107,599	25,909,353	13,198,246	0 490 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7,813,826	1,069,687	6,744,139	0 250 %
j **Total.** Other Benefits			122,170,416	60,327,064	61,843,352	2 300 %
k **Total.** Add lines 7d and 7j			636,810,123	393,632,329	243,177,794	9 070 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			7,110	900	6,210	0 %
2 Economic development			0	0		
3 Community support			440,831	95,050	345,781	0 010 %
4 Environmental improvements			2,958	0	2,958	0 %
5 Leadership development and training for community members			98,030	12,600	85,430	0 %
6 Coalition building			61,090	5,700	55,390	0 %
7 Community health improvement advocacy			132,777	10,500	122,277	0 %
8 Workforce development			174,033	9,000	165,033	0 010 %
9 Other			0	0		
10 Total			916,829	133,750	783,079	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	22,537,856		
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	985,676,402	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,211,230,252	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-225,553,850	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 OREGON OUTPATIENT SURGERY CENTER	AMBULATORY SURGERY CENTER	51 000 %	0 %	49 000 %
2	2 PLAZA AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	41 620 %	0 %	48 220 %
3	3 SURGERY CENTER AT TANASBOURNE LLC	AMBULATORY SURGERY CENTER	76 500 %	0 %	18 500 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

8

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PROVIDENCE HOOD RIVER MEM HOSPITAL (4)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	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 LINE 10A URL BELOW			
b	☑ Other website (list url) SEE SECTION C			
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 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE HOOD RIVER MEM HOSPITAL (4)

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) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/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 HOOD RIVER MEM HOSPITAL (4)

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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

PROVIDENCE HOOD RIVER MEM HOSPITAL (4)

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PROVIDENCE SEASIDE HOSPITAL (5)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE LINE 10A URL BELOW			
b	☑ Other website (list url) SEE SECTION C			
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 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE SEASIDE HOSPITAL (5)

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) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/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 SEASIDE HOSPITAL (5)

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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

PROVIDENCE SEASIDE HOSPITAL (5)

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PROVIDENCE NEWBERG MEDICAL CENTER (6)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE LINE 10A URL BELOW			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE NEWBERG MEDICAL CENTER (6)

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) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/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 NEWBERG MEDICAL CENTER (6)

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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

PROVIDENCE NEWBERG MEDICAL CENTER (6)

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PROVIDENCE MEDFORD MEDICAL CENTER (7)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE LINE 10A URL BELOW			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE MEDFORD MEDICAL CENTER (7)

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) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/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 MEDFORD MEDICAL CENTER (7)

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 nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

PROVIDENCE MEDFORD MEDICAL CENTER (7)

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PHS - OREGON (GROUP A - 1-3 & 8)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	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 LINE 10A URL BELOW			
b	☑ Other website (list url) SEE SECTION C			
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 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
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)

PHS - OREGON (GROUP A - 1-3 & 8)

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) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PROVIDENCE ORG/OBP/OR/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

PHS - OREGON (GROUP A - 1-3 & 8)

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 nonpayment?	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)

PHS - OREGON (GROUP A - 1-3 & 8)

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	PROVIDENCE HEALTH SYSTEM - OREGON PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTP //WWW PSJHEALTH ORG/COMMUNITY-BENEFIT/OREGON

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED

Form and Line Reference	Explanation
Part II, Community Building Activities	BASIC NEEDS INCLUDING FOOD SECURITY AND HOUSING PROVIDENCE RECOGNIZES THAT THE SOCIAL DETE RMINANT OF HEALTH NEEDS INCLUDES ADEQUATE HOUSING, FOOD, TRANSPORTATION, UTILITIES AND PRI MARY EDUCATION THESE DEFICITS FALL DISPROPORTIONATELY ON LOW-INCOME AND MULTICULTURAL POP ULATIONS AND THEREFORE PROVIDENCE HAS ALIGNED ITS COMMUNITY BUILDING AND DIVERSITY PROGRAM S TO INTERSECT WITH AND ADVISE OUR COMMUNITY BENEFIT GIVING IN MANY CASES, PROGRAMS SUPPO RTING HOUSING, FOOD, AND TRANSPORTATION ARE REPORTED AS COMMUNITY HEALTH IMPROVEMENT SERVI CES AS THEY WERE SPECIFICALLY IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT OREGON R ANKS THIRD IN HOMELESSNESS PER CAPITA ACCORDING TO THE U S DEPARTMENT OF HOUSING AND URBA N DEVELOPMENT LACK OF ADEQUATE HOUSING CONTRIBUTES TO POOR HEALTH, THEREFORE, PROVIDENCE SUPPORTS A NUMBER OF NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THAT HELP HOMELESS PEOPLE OR W ORK TO PREVENT HOMELESSNESS PROVIDENCE IS THE ONLY HEALTH SYSTEM ASKED TO PARTICIPATE ON THE 10 YEAR PLAN HOMELESSNESS RESET COMMITTEE IN ADDITION, WE PARTNER WITH ORGANIZATIONS IN MULTIPLE OREGON COMMUNITIES THAT PROVIDE OR SUPPORT LOW-INCOME HOUSING SOME IMPORTANT PARTNERS INCLUDE CENTRAL CITY CONCERN, ST VINCENT DE PAUL, CATHOLIC CHARITIES, TRANSITIO N PROJECTS INCORPORATED, THE GOOD NEIGHBOR CENTER, NEIGHBORHOOD PARTNERSHIP FUND, PORTLAND RESCUE MISSION, SHARE OUTREACH VANCOUVER AND WEST WOMEN'S SHELTER PROVIDENCE HAS BEEN A L EADER IN RECOGNIZING THE SIGNIFICANT IMPACT OF HUNGER ON THE HEALTH AND WELL-BEING OF ALL RESIDENTS IN THE STATE OREGON RANKS AS ONE OF THE FIVE "HUNGRIEST STATES," WITH NEARLY 65 % OF ELIGIBLE CHILDREN QUALIFYING FOR FREE OR REDUCED LUNCHES PROVIDENCE WORKS WITH THE O REGON FOOD BANK, PARTNERS FOR A HUNGER-FREE OREGON, THE CHILDREN'S NUTRITION NETWORK, THE GOVERNOR'S TASK FORCE TO END HUNGER AND FARMER'S ENDING HUNGER, OREGON CHILDHOOD HUNGER TA SK FORCE, AS WELL AS NUMEROUS FOOD PANTRIES IN COMMUNITIES WE SERVE ECONOMIC DEVELOPMENT E CONOMIC DEVELOPMENT HAS AN IMPORTANT IMPACT ON AVAILABLE HOUSING AND SERVICES FOR THE UNDE RSERVED AN ECONOMICALLY DEPRESSED AREA CANNOT EASILY SUPPORT AND CARE FOR THE VULNERABLE PROVIDENCE LOOKS FOR PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS THAT WILL ENCOURAGE A ST ABLE AND STRONG ECONOMY WE PARTICIPATE IN LOCAL AND STATE ORGANIZATIONS IN EACH OF OUR MI NISTRIES, AS WELL AS PROVIDE EXECUTIVE LEADERSHIP TO CITY, COUNTY AND STATE BOARDS SUPPORT FOR HEALTHY LIVES AND HEALTHY COMMUNITIES IT IS CRITICAL THAT SUCH NEEDS AS AFTER SCHOOL PROGRAMS, NEIGHBORHOOD SUPPORT GROUPS AND VIOLENCE PREVENTION BE IDENTIFIED AND ADDRESSED IN COMMUNITIES WE HAVE INVOLVED PUBLIC AND PRIVATE PARTNERS SUCH AS SELF-ENHANCEMENT, INC AS WELL AS THE PORTLAND TRAILBLAZERS AND THE PORTLAND TIMBERS IN COLLABORATIVE HEALTH IN ITIATIVES IN ADDITION, WE HAVE MANY NOT-FOR-PROFIT COMMUNITY PARTNERS WITH WHOM WE WORK A ND SUPPORT FINANCIALLY TO REACH POPULATIONS WHO NEED THESE TYPES OF SERVICES LEADERSHIP DE VELOPMENT AND TRAINING FOR COMMUNITY MEMBERS AND YOUTH IN THIS AREA, PROVIDENCE HAS PUT A STRONG FOCUS ON DIVERSE AND LOW-INCOME COMMUNITIES FOR EXAMPLE, FOR SOME YEARS WE HAVE PR OVIDED SCHOLARSHIPS FOR YOUTH IN MULTICULTURAL AND DIVERSE POPULATIONS, INCLUDING ASIAN, A FRICAN-AMERICAN AND HISPANIC COMMUNITIES COMMUNITY PARTNERS INCLUDE SELF ENHANCEMENT INC ORPORATED, HOOD RIVER SCHOOL DISTRICT, DE LA SALLE NORTH SCHOOL AND ROSEMARY ANDERSON HIGH SCHOOL BUILDING HEALTH EQUITY AND COLLABORATION PROVIDENCE HAS LONG KNOWN THAT, WHILE W E CAN DO A GREAT DEAL TO HELP OUR COMMUNITIES, WE OFTEN CAN GET THE BEST RESULTS IN MEETIN G HEALTH NEEDS, AND THOSE BASIC NEEDS THAT CONTRIBUTE TO OR AFFECT HEALTH, BY ALIGNING WIT H OTHER ORGANIZATIONS THAT HAVE AN ESTABLISHED PRESENCE AND EXPERTISE THROUGHOUT OUR HIST ORY, WE HAVE SOUGHT LIKE-MINDED PARTNERS WITH A MISSION TO CARE FOR THE VULNERABLE IN THE COMMUNITIES WE SERVE DURING 2017, WE CONTINUED OUR FINANCIAL SUPPORT TO AN ARRAY OF DIVER SE ORGANIZATIONS THAT ARE INTENT ON BUILDING COLLABORATIVE PROGRAMS THAT WILL MEET COMMUNI TY HEALTH AND BUILD HEALTH EQUITY THESE INCLUDE OREGON PUBLIC HEALTH INSTITUTE, OREGON H EALTH EQUITY ALLIANCE, IMPACT NW, FAMILIAS EN ACCION, THE AFRICAN-AMERICAN HEALTH COALITIO N, ASIAN MUSLIMS IN NEED, CATHOLIC CHARITIES, JEFFERSON REGIONAL HEALTH ALLIANCE, ASIAN HE ALTH AND SERVICE CENTER, LA CLINICA DEL CARINHO, UNITED WAY OF JACKSON COUNTY AND MANY MOR E COMMUNITY HEALTH IMPROVEMENT ADVOCACY IN KEEPING WITH OUR STRONG COMMITMENT TO SOCIAL JU STICE, PROVIDENCE IS AN ADVOCATE FOR THOSE AMONG US WHO DO NOT HAVE A VOICE IN POLICY DEVE LOPMENT AND COMMUNITY DECISION MAKING DURING 2017, WE WORKED WITH UPSTREAM PUBLIC HEALTH, OREGON PUBLIC HEALTH INSTITUTE, EL PROGRAM HISPANO, ECUMENICAL MINISTRIES OF OREGON, NORT HWEST HEALTH FOUNDATION, OREGON PRIMARY CARE ASSOCIATION, NAMI, OFFICE OF HEALTH EQUITY, C HILDREN FIRST FOR OREGON, AND RIDE CONNECTION, AMONG OTHERS, TO ENSURE THAT THE NEEDS OF T HOSE WE SERVE HAVE BEEN ARTICULATED TO POLICY MAKE

Form and Line Reference	Explanation
Part II, Community Building Activities	RS WE ACTIVELY SUPPORTED INITIATIVES TO IMPROVE PROVIDER CULTURAL COMPETENCE IN CARE GIVI NG WITH REQUIRED CONTINUING EDUCATION COURSES WE HAVE A RESPONSIBILITY TO CARE FOR PEOPLE WHO COME TO US FOR SERVICES AND ALSO TO SEEK OUT THE UNMET NEEDS OF PEOPLE WHO LACK BASIC ESSENTIALS EVERY DAY AS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, PROVIDENCE HEALTH & SERVICES REINVESTS ITS INCOME INTO THE COMMUNITIES WE SERVE WE PARTNER WITH LOCAL ORGANIZATIONS T O HELP IMPROVE HEALTH AND QUALITY OF LIFE FOR THOSE WHO ARE POOR, MARGINALIZED AND VULNERA BLE TO ENSURE THAT WE USE OUR RESOURCES RESPONSIBLY - WHERE THEY CAN HELP THOSE MOST IN N EED WE ATTEMPT TO MATCH OUR GIVING TO AREAS OF GREATEST NEED, AS IDENTIFIED IN OUR OREGON COMMUNITY HEALTH NEEDS ASSESSMENT WE INVITE YOU TO REVIEW HOW WE'RE WORKING WITH OUR COMM UNITY PARTNERS TO EASE SOME OF THESE GREATEST NEEDS PER OUR 2017 OREGON REGION COMMUNITY B ENEFIT REPORT, AVAILABLE ONLINE AT HTTPS //COMMUNITYBENEFIT PROVIDENCE ORG/OREGON/WORKFORC E DEVELOPMENT PROVIDENCE PROVIDED FINANCIAL SUPPORT TO THE DE LA SALLE NORTH CATHOLIC HIG H SCHOOL, ALBERTINA KERR, DE PAUL INDUSTRIES, UNIVERSITY OF PORTLAND, PORTLAND STATE UNIVE RSITY, CLATSOP COMMUNITY COLLEGE, HOOD RIVER COUNTY HEALTH DEPARTMENT, THE OREGON CENTER F OR NURSING, POIC AND A WORKFORCE DEVELOPMENT INITIATIVE IN OREGON CITY, ALL OF WHICH ARE W ORKING TO ENHANCE COMMUNITYWIDE WORKFORCE ISSUES IN VARIOUS PARTS OF OREGON

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE 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	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT REPORTING GROUP AAS HEALTH CARE CONTINUES TO EVOLVE AND SYSTEMS OF CARE B ECOME MORE COMPLEX, PROVIDENCE IS RESPONDING WITH DEDICATION TO ITS MISSION AND A CORE STR ATEGY TO CREATE HEALTHIER COMMUNITIES, TOGETHER PARTNERING WITH MANY COMMUNITY ORGANIZATI ONS, WE ARE COMMITTED TO ADDRESSING THE MOST PRESSING HEALTH NEEDS IN OUR COMMUNITY IN TH E PORTLAND METROPOLITAN AREA, PROVIDENCE IS A PROUD MEMBER OF THE HEALTHY COLUMBIA WILLAME TTE COLLABORATIVE, A PUBLIC-PRIVATE PARTNERSHIP THAT BRINGS TOGETHER 15 HOSPITALS, FOUR CO UNTIES, AND TWO COORDINATED CARE ORGANIZATIONS TO PRODUCE A SHARED REGIONAL NEEDS ASSESSME NT THE FULL, FOUR-COUNTY ASSESSMENT WAS COMPLETED JULY 31, 2016 ACROSS THE HCWC REGION, C OLLECTED INFORMATION INCLUDED COUNTY PUBLIC HEALTH DATA REGARDING HEALTH BEHAVIORS, MORBID ITY, AND MORTALITY, HOSPITAL UTILIZATION AND CCO DATA FOR THE UNINSURED AND MEMBERS OF THE OREGON HEALTH PLAN, AND COMMUNITY ENGAGEMENT ACTIVITIES THAT INCLUDED LISTENING SESSIONS, LITERATURE REVIEW, AND A COMMUNITY HEALTH SURVEY THE PURPOSE OF HCWC IS TO ALIGN THE EFFO RTS OF HOSPITALS, PUBLIC HEALTH, CCOS, AND THE RESIDENTS OF THE COMMUNITIES THEY SERVE TO DEVELOP A SHARED COMMUNITY HEALTH NEEDS ASSESSMENT ACROSS THE FOUR-COUNTY REGION HCWC AIM S TO ELIMINATE DUPLICATIVE EFFORTS, PRIORITIZE NEEDS, AND ENABLE COLLABORATIVE EFFORTS TO IMPLEMENT AND TRACK IMPROVEMENT ACTIVITIES ACROSS THE FOUR-COUNTY REGION THIS COLLABORATI VE APPROACH ENABLES AN EFFECTIVE AND SUSTAINABLE PROCESS, STRENGTHENS RELATIONSHIPS BETWEE N COMMUNITIES, CCOS, HOSPITALS AND PUBLIC HEALTH, CREATES MEANINGFUL COMMUNITY HEALTH NEED S ASSESSMENTS, AND RESULTS IN A PLATFORM FOR COLLABORATION AROUND REGIONAL HEALTH IMPROVEM ENT PLANS AND ACTIVITIES, LEVERAGING COLLECTIVE RESOURCES TO IMPROVE THE HEALTH AND WELLBE ING OF OUR COMMUNITIES HCWC MEMBER ORGANIZATIONS ARE COMMITTED TO ADDRESSING HEALTH DISPAR ITIES AND INEQUITIES THE 2016 HCWC COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES DATA ON DIS PARITIES IN OUR REGION THE COLLABORATIVE HAS ALSO TAKEN STRIDES TO MAKE SURE DIVERSE COMM UNITY PERSPECTIVES ARE INCLUDED--NOT ONLY ABOUT WHAT THE NEEDS ARE, BUT HOW THEY CAN BE AD DRESSED HCWC RECOGNIZES THAT INCLUDING PEOPLE AFFECTED BY HEALTH INEQUITIES IN THE ASSESS MENT AND PLANNING PROCESS IS A KEY STRATEGY TO ENSURE HEALTH IMPROVEMENT ACTIVITIES WILL B E SUCCESSFUL THE HCWC STRUCTURE HAS EVOLVED TO INCLUDE AN ACTIVE COMMUNITY ENGAGEMENT WOR KGROUP COMMITTED TO MEANINGFUL ENGAGEMENT, EQUITY, AND ADDRESSING HEALTH DISPARITIES NEEDS ASSESSMENT PROVIDENCE HOOD RIVER MEMORIAL HOSPITALIN THE COLUMBIA GORGE REGION, PROVIDENC E IS A FOUNDING MEMBER OF THE COLUMBIA GORGE HEALTH COUNCIL, A PUBLIC-PRIVATE PARTNERSHIP BRINGING TOGETHER FOUR HOSPITALS, SEVEN COUNTIES, THE COORDINATED CARE ORGANIZATION, AND S EVERAL SOCIAL SERVICE AGENCIES TO PRODUCE A SHARED REGIONAL NEEDS ASSESSMENT RESPONDING TO THE NUMBER OF NEEDS IDENTIFIED IN THE 2016 CHNA, PROVIDENCE DEVELOPED FOUR TOPIC CATEGORI ES ACCESS TO CARE, BEHAVIORAL HEALTH, CHRONIC CONDITIONS, AND SOCIAL DETERMINANTS OF HEAL TH AND WELL-BEING THESE FINDINGS ARE GUIDING DEVELOPMENT OF COLLABORATIVE SOLUTIONS TO FU LFILL UNMET NEEDS FOR SOME OF THE MOST VULNERABLE GROUPS OF PEOPLE IN COMMUNITIES WE SERVE OUR WORK IS ALSO INFORMED BY POPULATION DEMOGRAPHICS, WHICH CONTINUES TO DEMONSTRATE DIV ERSIFICATION ACROSS THE COLUMBIA GORGE REGION, INFORMATION COLLECTED INCLUDES COUNTY PUBL IC HEALTH DATA REGARDING HEALTH BEHAVIORS, MORBIDITY AND MORTALITY, HOSPITAL UTILIZATION D ATA, A COMMUNITY HEALTH SURVEY WITH OVER 1,350 RESPONSES, AND A HEALTH CARE PROVIDER SURVE Y NEEDS ASSESSMENT PROVIDENCE SEASIDE HOSPITALCOLUMBIA MEMORIAL HOSPITAL AND PROVIDENCE S EASIDE HOSPITAL WORKED TOGETHER TO PRODUCE A SHARED COMMUNITY HEALTH NEEDS ASSESSMENT (CHN A) THIS PROVIDES A SHARED SET OF PRIORITY ISSUES THAT MOST IMPACT HEALTH IN CLATSOP COUNT Y, AND PREVENTS DUPLICATION OF EFFORTS BASED UPON THE VARIOUS SOURCES OF INFORMATION IN TH IS ASSESSMENT, ITEMS THAT WERE CORROBORATED BY TWO OR MORE SOURCES WERE IDENTIFIED AS KEY UNMET HEALTH NEEDS THESE NEEDS WERE THEN GROUPED INTO FOUR ACTIONABLE CATEGORIES, WHICH G UIDED OUR EFFORTS IN DEVELOPING THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) DUE TO THE N ATURE OF INITIAL IDENTIFICATION OF NEEDS, THIS PRIORITIZATION INCLUDED WORSENING TRENDS, V ALUES WORSE THAN STATE AVERAGES, AND A DISPROPORTIONATE IMPACT ON COMMUNITIES OF COLOR, LO W-INCOME, OR OTHERWISE MARGINALIZED GROUPS ADDITIONAL PRIORITIZATION REGARDING FEASIBILIT Y, EFFECTIVENESS OF INTERVENTIONS, AND ABILITY TO PARTNER WITH COMMUNITY ORGANIZATIONS WER E APPLIED DURING CHIP DEVELOPMENT NEEDS ASSESSMENT PROVIDENCE NEWBERG MEDICAL CENTERTHE CH NA IS AN EVALUATION OF KEY HEALTH INDICATORS OF THE COMMUNITY INFORMATION FOR THIS ASSESS MENT COMES FROM BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA IS INFORMATION THAT HAS BEEN COLLECTED SPECIFICALLY FOR THE PURPOSES OF THIS ASSESSMENT SECONDARY DATA IS INFORMATION THAT HAS BEEN COLLECTED BY OTHERS OR FOR OTHER PU

Form and Line Reference	Explanation
Part VI, Line 2	RPOSES, BUT PROVIDES VALUABLE CONTEXT AND INFORMATION FOR THE ASSESSMENT PRIMARY DATA IT I NCLUDES A COMMUNITY HEALTHY SURVEY, KEY STAKEHOLDER INTERVIEWS, COMMUNITY LISTENING SESSIO N AND HOSPITAL UTILIZATION DATA COMMUNITY HEALTH SURVEY - THIS WAS A 43-QUESTION SURVEY TH AT WAS MAILED TO 875 RESIDENTIAL ADDRESSES IN YAMHILL COUNTY IN SPRING 2016, ADMINISTERED BY THE CENTER FOR OUTCOMES RESEARCH AND EDUCATION (CORE) KEY STAKEHOLDER INTERVIEWS - A S ERIES OF INTERVIEWS OCCURRED IN SEPTEMBER AND OCTOBER 2016 WITH INDIVIDUALS WHO HAVE PARTI CULAR EXPERTISE OR PERSPECTIVE IN THE HEALTH OF YAMHILL COUNTY RESIDENTS COMMUNITY LISTEN ING SESSION - THIS WAS A STRUCTURED DIALOGUE WITH PARTICIPANTS REPRESENTING THE LATINO COM MUNITY IN OCTOBER 2016 BASED UPON SURVEY RESPONSE AND OTHER INFORMATION AVAILABLE, PROVID ENCE WANTED TO BETTER UNDERSTAND THE NEEDS OF THIS PARTICULAR COMMUNITY HOSPITAL UTILIZATI ON DATA - AN IMPORTANT INDICATOR OF A COMMUNITY'S HEALTH IS ITS ACCESS TO APPROPRIATE LEVE LS OF CARE THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) DEFINED A LIST OF CONDIT IONS AND DIAGNOSTIC CODES THAT SHOULD NOT RESULT IN AN EMERGENCY DEPARTMENT VISIT WITH APP ROPRIATE ACCESS TO PRIMARY CARE WE LOOKED AT INFORMATION FOR EMERGENCY DEPARTMENT UTILIZA TION FOR THESE CONDITIONS AMONGST INDIVIDUALS IDENTIFIED AS UNINSURED, MEDICAID, OR DUAL E LIGIBLE (MEDICARE AND MEDICAID) OVER A ONE-YEAR PERIOD FROM APRIL 1, 2014 THROUGH MARCH 31 , 2015 SECONDARY DATA THIS IS INFORMATION THAT HAS BEEN COLLECTED OR REPORTED FROM OTHER S OURCES OR FOR DIFFERENT REASONS OTHER THAN THE NEEDS ASSESSMENT THIS INCLUDES YAMHILL COU NTY PUBLIC HEALTH REPORTS, OREGON DEPARTMENT OF EDUCATION REPORTS, COUNTY HEALTH RANKINGS, AND THE ANNIE E CASEY KIDS COUNT DATA BOOK NEEDS ASSESSMENT PROVIDENCE MEDFORD MEDICAL C ENTERTHE CHNA IS AN EVALUATION OF KEY HEALTH INDICATORS IN JACKSON COUNTY THE ASSESSMENT INCLUDES INFORMATION FROM SURVEY RESPONSES, KEY STAKEHOLDERS, COMMUNITY LISTENING SESSIONS , HOSPITAL UTILIZATION, PUBLIC HEALTH DATA, AND OTHER PUBLIC DATA SETS THE PROVIDENCE MISS ION REACHES OUT BEYOND THE WALLS OF CARE SETTINGS TO TOUCH LIVES IN THE PLACES WHERE RELIE F, COMFORT AND CARE ARE NEEDED ONE IMPORTANT WAY WE DO THIS IS THROUGH COMMUNITY BENEFIT SPENDING PROVIDENCE PROGRAMS AND FUNDING NOT ONLY ENHANCE THE HEALTH AND WELL-BEING OF OU R PATIENTS, BUT THE WHOLE COMMUNITY PROVIDENCE IS COMMITTED TO SUPPORTING BROADER DETERMI NANTS OF HEALTH BEYOND CLINICAL CARE PROVIDENCE'S COMMUNITY BENEFIT CONNECTS FAMILIES WIT H PREVENTIVE CARE TO KEEP THEM HEALTHY, FILLS GAPS IN COMMUNITY SERVICES AND PROVIDES OPPO RTUNITIES THAT BRING HOPE IN DIFFICULT TIMES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	COMMUNICATION TO THE PUBLIC REPORTING GROUP A, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL, PROVIDENCE SEASIDE HOSPITAL, PROVIDENCE NEWBERG MEDICAL CENTER & PROVIDENCE MEDFORD MEDICAL CENTERPROVIDENCE HOSPITALS POST NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS THESE NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL SUCH AS ADMITTING/REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OTHER OUTPATIENT SETTINGS EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES CONTAINS BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT THE NOTICES ALSO INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION PROVIDENCE ENSURES THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES TRAINING IS PROVIDED TO STAFF MEMBERS (I E , BILLING OFFICE, FINANCIAL DEPARTMENT, ETC) WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES, PROVIDENCE ATTEMPTS TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS PROVIDENCE SHARES THEIR FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS

Form and Line Reference	Explanation
Part VI, Line 4	COMMUNITY INFORMATION REPORTING GROUP ATHE PORTLAND SERVICE AREA FOR PROVIDENCE IN OREGON INCLUDES PRIMARILY CLACKAMAS, MULTNOMAH, AND WASHINGTON COUNTIES CLACKAMAS COUNTY THE CUR RENT POPULATION OF CLACKAMAS COUNTY IS NEARLY 395,000, WHICH REPRESENTS SLIGHTLY OVER 11 P ERCENT GROWTH SINCE 2000 CLACKAMAS COUNTY HAS BEEN DIVERSIFYING, WITH THE FOREIGN-BORN PO PULATION INCREASING MORE THAN 19 PERCENT SINCE 2005, AND THE LATINO POPULATION INCREASING NEARLY 74 PERCENT FROM 2000 TO 2010 THE AGE DISTRIBUTION IS FAIRLY NORMAL, WITH THE MALE- TO-FEMALE RATIO BEING APPROXIMATELY 1 1 UNTIL AGE 65, WHEN FEMALES BECOME A GREATER PROPOR TION OF THE POPULATION THIS DIFFERENCE IS CLEAREST OVER THE AGE OF 85, WHERE THERE ARE NE ARLY 2 SURVIVING FEMALES FOR EACH MALE THERE IS A GREATER PROPORTION OF ADULTS OVER AGE 6 5 IN CLACKAMAS COUNTY COMPARED TO OTHER COUNTIES IN THE PORTLAND METRO AREA AMONG CLACKAMA S COUNTY RESIDENTS IN 2016, 91 5 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 8 5 PERCENT WER E HISPANIC OR LATINO, 4 3 PERCENT ASIAN OR PACIFIC ISLANDER, LESS THAN 1 PERCENT WERE AFRI CAN AMERICAN OR BLACK, LESS THAN ONE PERCENT WERE ALASKA NATIVE OR AMERICAN INDIAN, AND NE ARLY 3 PERCENT IDENTIFIED AS TWO OR MORE RACES IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR CL ACKAMAS COUNTY WAS $65,965, WHICH IS NEARLY $10,000 HIGHER THAN NEIGHBORING MULTNOMAH COUN TY CLACKAMAS COUNTY IS HOME TO SOME OF THE WEALTHIEST AREAS IN OREGON, SUCH AS LAKE OSWEG O, AS WELL AS MORE RURAL AREAS SUCH AS ESTACADA CLACKAMAS COUNTY'S UNEMPLOYMENT RATE WAS 3 7 PERCENT IN DECEMBER 2016 THE STATE'S OVERALL UNEMPLOYMENT RATE WAS 4 5 PERCENT, COMPA RED TO THE NATIONAL AVERAGE OF 4 7 PERCENT AT THE SAME TIME MULTNOMAH COUNTY THE CURRENT P OPULATION OF MULTNOMAH COUNTY IS OVER 777,000, WHICH REPRESENTS SLIGHTLY OVER 11 PERCENT G ROWTH SINCE 2000 MULTNOMAH COUNTY HAS BEEN DIVERSIFYING, WITH THE FOREIGN-BORN POPULATION INCREASING NEARLY 20 PERCENT SINCE 2005, AND THE LATINO POPULATION INCREASING ABOUT 62 PE RCENT FROM 2000 TO 2010 THE AGE DISTRIBUTION IS FAIRLY NORMAL, WITH THE MALE-TO-FEMALE RAT IO BEING APPROXIMATELY 1 1 UNTIL AGE 65, WHEN FEMALES BECOME A GREATER PROPORTION OF THE P OPULATION THIS DIFFERENCE IS CLEAREST OVER THE AGE OF 85, WHERE THERE ARE SLIGHTLY MORE T HAN 2 SURVIVING FEMALES FOR EACH MALE MULTNOMAH COUNTY IS THE MOST POPULATED COUNTY IN TH E PORTLAND METRO AREA, WITH A GREATER PROPORTION OF INDIVIDUALS AGED BETWEEN 25 AND 44 COM PARED TO OTHER COUNTIES AMONG MULTNOMAH COUNTY RESIDENTS IN 2016, 70 9 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 11 5 PERCENT WERE HISPANIC OR LATINO, 7 5 PERCENT ASIAN OR PACIFIC ISLANDER, SLIGHTLY MORE THAN 5 PERCENT WERE AFRICAN AMERICAN OR BLACK, LESS THAN ONE PERCE NT WERE ALASKA NATIVE OR AMERICAN INDIAN, AND 4 PERCENT IDENTIFIED AS TWO OR MORE RACES IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR MULTNOMAH COUNTY WAS $54,102, WHICH IS APPROXIMATEL Y $1,600 BELOW THE NATIONAL AVERAGE MULTNOMAH COUNTY'S UNEMPLOYMENT RATE WAS 3 5 PERCENT IN DECEMBER 2016, THE LOWEST RATE SINCE 2000 THE STATE'S OVERALL UNEMPLOYMENT RATE WAS 4 5 PERCENT, COMPARED TO THE NATIONAL AVERAGE OF 4 7 PERCENT AT THE SAME TIME WASHINGTON COU NTY THE CURRENT POPULATION OF WASHINGTON COUNTY IS OVER 585,000, WHICH REPRESENTS SLIGHTLY OVER 20 PERCENT GROWTH SINCE 2000 WASHINGTON COUNTY HAS BEEN DIVERSIFYING, WITH THE FORE IGN-BORN POPULATION INCREASING NEARLY 11 PERCENT SINCE 2005, AND THE LATINO POPULATION INC REASING OVER 67 PERCENT FROM 2000 TO 2010 THE AGE DISTRIBUTION IS FAIRLY NORMAL, WITH THE MALE-TO-FEMALE RATIO BEING APPROXIMATELY 1 1 UNTIL AGE 65, WHEN FEMALES BECOME A GREATER PROPORTION OF THE POPULATION THIS DIFFERENCE IS CLEAREST OVER THE AGE OF 85, WHERE THERE ARE NEARLY 2 SURVIVING FEMALES FOR EACH MALE AMONG WASHINGTON COUNTY RESIDENTS IN 2016, 67 4 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 16 2 PERCENT WERE HISPANIC OR LATINO, 10 2 PE RCENT ASIAN OR PACIFIC ISLANDER, SLIGHTLY LESS THAN 2 PERCENT WERE AFRICAN AMERICAN OR BLA CK, LESS THAN ONE PERCENT WERE ALASKA NATIVE OR AMERICAN INDIAN, AND 3 6 PERCENT IDENTIFIE D AS TWO OR MORE RACES IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR WASHINGTON COUNTY WAS $66, 754, WHICH IS NEARLY $12,000 HIGHER THAN NEIGHBORING MULTNOMAH COUNTY AND MORE THAN $12,00 0 ABOVE THE NATIONAL AVERAGE WASHINGTON COUNTY'S UNEMPLOYMENT RATE WAS 3 4 PERCENT IN DEC EMBER 2016 THE STATE'S OVERALL UNEMPLOYMENT RATE WAS 4 5 PERCENT, COMPARED TO THE NATIONA L AVERAGE OF 4 7 PERCENT AT THE SAME TIME COMMUNITY INFORMATION PROVIDENCE HOOD RIVER MEMO RIAL HOSPITALPROVIDENCE HOOD RIVER MEMORIAL HOSPITAL PRIMARILY SERVES HOOD RIVER COUNTY IN OREGON PROVIDENCE HAS THREE HOSPITALS SERVING NEIGHBORING MULTNOMAH AND CLACKAMAS COUNTI ES AND FOUR ADDITIONAL HOSPITALS AROUND THE STATE THE REGIONAL COMMUNITY HEALTH ASSESSMENT COVERED HOOD RIVER, WASCO, SHERMAN, GILLIAM, AND WHEELER COUNTIES IN OREGON AS WELL AS KL ICKITAT AND SKAMANIA COUNTIES IN WASHINGTON AS OF JUNE 2016, THE TOTAL POPULATION OF HOOD RIVER COUNTY WAS 23,655 NEARLY 31 PERCENT OF THE

Form and Line Reference	Explanation
Part VI, Line 4	HOOD RIVER COUNTY POPULATION IDENTIFIES AS HISPANIC OVER 82 PERCENT IDENTIFY AS WHITE, 3 2 PERCENT AS TWO OR MORE RACES, 1 7 PERCENT ASIAN PACIFIC ISLANDER, AND 11 4 PERCENT AS OT HER IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR HOOD RIVER COUNTY WAS $55,827 AND THE UNEMPLO YMENT RATE WAS 4 0 PERCENT IN DECEMBER 2016 THIS IS SLIGHTLY HIGHER THAN THE MEDIAN INCOM E FOR THE STATE OF OREGON ($54,148) AND THE UNITED STATES ($55,755) IN THE COLUMBIA GORGE REGION, OVER 65 PERCENT OF ADULTS ARE OVERWEIGHT OR OBESE, AND HYPERTENSION IS THE MOST CO MMON CHRONIC CONDITION DENTAL ACCESS IS THE GREATEST UNMET HEALTH CARE NEED AND OF THOSE SURVEYED, ONE IN THREE RESPONDENTS WERE WORRIED ABOUT RUNNING OUT OF FOOD BINGE DRINKING IS A CHALLENGE AMONGST ADULTS AS MORE THAN 20 PERCENT HAVE THREE OR MORE DRINKS ON THE DAY S THEY DO DRINK COMMUNITY INFORMATION PROVIDENCE SEASIDE HOSPITALINITIALLY HOME TO THE CHI NOOK, CLATSOP, AND KATHLAMET TRIBES, CLATSOP COUNTY HAS HELD AN IMPORTANT ROLE IN THE HIST ORY OF OREGON AND THE PACIFIC NORTHWEST THE COLUMBIA RIVER, WITH WASHINGTON STATE ON ITS NORTHERN BANKS AND OREGON TO ITS SOUTH, FEEDS IN TO THE PACIFIC OCEAN HERE ASTORIA, A MAJ OR PORT CITY, WAS ONCE A FUR TRADING POST AND SERVED AS LEWIS & CLARK'S END POINT TO THEIR JOURNEY ACROSS THE COUNTRY AMERICAN FARMERS BEGAN SETTLING THE AREA IN 1840, AND SHORTLY AFTER THAT, THE TIMBER INDUSTRY BEGAN AND THE HUME BROTHERS OPENED THE FIRST OF MANY FISH CANNERIES AS OF 2016, CLATSOP COUNTY IS HOME TO JUST UNDER 38,000 PERMANENT RESIDENTS, TH OUGH THE POPULATION SWELLS TO MORE THAN TWICE THAT DURING THE SUMMER MONTHS THE COUNTY HA S AN OLDER POPULATION THAN AVERAGE, WITH NEARLY 20 PERCENT OVER THE AGE OF 65 ACROSS THE UNITED STATES, INDIVIDUALS OVER THE AGE OF 65 MAKE UP ABOUT 15 PERCENT OF THE POPULATION THE DISTRIBUTION IS APPROXIMATELY EVEN BETWEEN FEMALES AND MALES UP UNTIL THE AGE OF 75, A T WHICH POINT THERE ARE MORE SURVIVING FEMALES THAN MALES THERE IS A "BUBBLE" OF THE POPU LATION BETWEEN AGES 55 AND 64, SUGGESTING THAT OLDER POPULATIONS MAY COME TO CLATSOP COUNT Y TO RETIRE, OR PURCHASE SECOND HOMES IN THE AREA AROUND THAT AGE CLATSOP COUNTY ALSO HAS A LOWER BIRTH RATE THAN OREGON'S AVERAGE, WHICH CONTRIBUTES TO THE HIGH PROPORTION OF OLD ER RESIDENTS THE VAST MAJORITY (83 PERCENT) OF RESIDENTS IDENTIFY AS WHITE NON-HISPANIC T HIS PERCENTAGE IS EXPECTED TO DECREASE TO 81 PERCENT BY 2021 AS THE COUNTY DIVERSIFIES TH E GREATEST PERCENTAGE CHANGE WILL BE AMONGST HISPANIC/LATINO INDIVIDUALS AND NON-HISPANIC ASIAN PACIFIC ISLANDERS THE AREA'S MEDIAN HOUSEHOLD INCOME IS $36,300 AND THE PER CAPITA I NCOME WAS BELOW $20,000, SUBSTANTIALLY LESS THAN THE STATE OF OREGON AS A WHOLE ($49,260 A ND $26,171, RESPECTIVELY) IN CLATSOP COUNTY, NEARLY 30 PERCENT OF ADULTS ARE OBESE AND THE RE ARE FEWER PRIMARY CARE PROVIDERS THAN THE STATE AVERAGE NEARLY 20 PERCENT OF SURVEY RE SPONDENTS WENT WITHOUT NEEDED DENTAL CARE, AND DENTAL CONDITIONS ARE THE SECOND-MOST COMMO N REASON THAT VULNERABLE POPULATIONS COME TO THE EMERGENCY DEPARTMENT OVER 26 PERCENT OF ADULTS SUFFER FROM DEPRESSION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	PROVIDENCE HEALTH & SERVICES - OREGON PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE PROVIDENCE HEALTH & SERVICES - OREGON IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) OPEN MEDICAL STAFF 2) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 (Continued)	COMMUNITY INFORMATION PROVIDENCE NEWBERG MEDICAL CENTERPROVIDENCE NEWBERG MEDICAL CENTER (PNMC) PRIMARILY SERVES RESIDENTS OF YAMHILL COUNTY CITIES INCLUDE SHERWOOD, NEWBERG, DUNDEE, DAYTON, AND LAFAYETTE, WITH SOME PATIENTS TRAVELING FROM MCMINNVILLE GIVEN THE GEOGRAPHY OF THE AREA, ALL OF YAMHILL COUNTY IS CONSIDERED THE PRIMARY SERVICE AREA FOR PNMC THE SECONDARY SERVICE AREA INCLUDES BORDERING ZIP CODES OF NEARBY WASHINGTON COUNTY AS OF JUNE 2016, THE TOTAL POPULATION IS 103,295, REPRESENTING SLIGHTLY MORE THAN 21 PERCENT GROWTH SINCE 2000 THE COUNTY FOLLOWS A FAIRLY NORMAL DISTRIBUTION BY AGE AND GENDER, WITH MORE SURVIVING FEMALES THAN MALES AT OLDER AGES APPROXIMATELY 15 PERCENT OF THE COUNTY'S POPULATION IS AT OR ABOVE AGE 65, WHICH IS IN LINE WITH THE NATIONAL AVERAGE IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR YAMHILL COUNTY WAS $53,864 AND THE UNEMPLOYMENT RATE WAS 4 7 PERCENT THIS IS SLIGHTLY LOWER THAN THE MEDIAN INCOME FOR THE STATE OF OREGON ($54,148) AND THE UNITED STATES ($55,755) THE SHARE OF YAMHILL COUNTY RESIDENTS WHO ARE UNINSURED WAS 14 PERCENT IN 2014, THOUGH THERE ARE MANY DIFFERENT ESTIMATES DUE TO THE NUMBER OF MIGRANT AND SEASONAL FARMWORKERS IN THE REGION BETWEEN 2015 AND 2016, 19 4 PERCENT OF SURVEY RESPONDENTS WERE UNABLE TO GET NEEDED CARE DUE TO THE COST OF CARE COMMUNITY INFORMATION PROVIDENCE MEDFORD MEDICAL CENTERPROVIDENCE MEDFORD MEDICAL CENTER PRIMARILY SERVES JACKSON COUNTY IN SOUTHERN OREGON AN AREA THAT INCLUDES THE ROGUE VALLEY, JACKSON COUNTY AND SURROUNDING AREA IS KNOWN FOR ITS AGRICULTURE, ROGUE RIVER, AND THE ANNUAL SHAKESPEARE FESTIVAL IN ASHLAND THE POPULATION OF JACKSON COUNTY HAS A NEAR-NORMAL DISTRIBUTION THE RATIO OF MALES TO FEMALES IS 1 1 THROUGH THE AGE OF 55, WHEN FEMALES BEGIN MAKING UP A GREATER PROPORTION OF THE TOTAL POPULATION DUE TO LIFE EXPECTANCY, FEMALES OFTEN OUTNUMBER MALES AT OLDER AGES, BUT THE TREND STARTS SLIGHTLY EARLIER IN SOUTHERN OREGON THAN NORMAL JUST OVER 20 PERCENT OF THE POPULATION IS 65 OR OLDER, A GREATER PROPORTION THAN ELSEWHERE IN THE COUNTRY, WHERE THE AVERAGE IS 15 PERCENT THE VAST MAJORITY OF RESIDENTS (77 5 PERCENT) IDENTIFY ARE WHITE NON-HISPANIC THE SECOND LARGEST POPULATION GROUP IN JACKSON COUNTY IS INDIVIDUALS WHO IDENTIFY AS HISPANIC/LATINO, MAKING UP 17 PERCENT OF THE POPULATION THE HISPANIC/LATINO POPULATION IS EXPECTED TO MAKE UP 19 PERCENT OF THE TOTAL POPULATION BY 2021, WITH THE WHITE NON-HISPANIC POPULATION SLIGHTLY DECREASING TO APPROXIMATELY 75 PERCENT OF THE TOTAL POPULATION AS OF 2016, JACKSON COUNTY IS HOME TO APPROXIMATELY 213,000 RESIDENTS THE AREA'S MEDIAN HOUSEHOLD INCOME IS $44,086 AND THE PER CAPITA INCOME WAS BELOW $25,000, SLIGHTLY LOWER THAN THE STATE OF OREGON AS A WHOLE ($49,260 AND $26,171, RESPECTIVELY) THE CURRENT RENTAL MARKET HAS LESS THAN 1 PERCENT VACANCY

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST PORTLAND, OR 97213 OREGON PROVIDENCE ORG 14-0012	X	X		X			X			A
2	PROVIDENCE ST VINCENT MEDICAL CENTER 9205 SW BARNES RD PORTLAND, OR 97225 OREGON PROVIDENCE ORG 14-0912	X	X		X			X			A
3	PROVIDENCE MILWAUKIE HOSPITAL 10150 SE 32ND MILWAUKIE, OR 97222 OREGON PROVIDENCE ORG 14-1430	X			X			X			A
4	PROVIDENCE HOOD RIVER MEM HOSPITAL 811 - 13TH STREET HOOD RIVER, OR 97031 OREGON PROVIDENCE ORG 14-1452	X				X		X			
5	PROVIDENCE SEASIDE HOSPITAL 725 S WAHANNA RD SEASIDE, OR 97138 OREGON PROVIDENCE ORG 14-1231	X				X		X		NURSING FACILITY	

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	PROVIDENCE NEWBERG MEDICAL CENTER 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 OREGON PROVIDENCE ORG 14-1438	X	X					X			
7	PROVIDENCE MEDFORD MEDICAL CENTER 1111 CRATER LAKE AVENUE MEDFORD, OR 97504 OREGON PROVIDENCE ORG 14-0734	X	X					X			
8	PROVIDENCE WILLAMETTE FALLS MED CTR 1500 DIVISION STREET OREGON CITY, OR 97045 OREGON PROVIDENCE ORG 14-1471	X						X			A

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 3j PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 3j PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	Part V, Section B, Line 3j PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	Part V, Section B, Line 3j PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 5 THE COLUMBIA GORGE REGIONAL HEALTH ASSESSMENT INCLUDED WORKING GROUP MEMBERS FROM PUBLIC HEALTH DEPARTMENTS AND OTHER COMMUNITY STAKEHOLDERS ADDITIONALLY, THE HEALTH ASSESSMENT INCLUDED INPUT THROUGH PROVIDER SURVEYS, CCO-MEMBER FEEDBACK, MAIL AND HAND-FIELDED SURVEYS TO COMMUNITY MEMBERS MORE INFORMATION IS AVAILABLE IN THE FULL DOCUMENT PHRMH'S ADVISORY COUNCIL INCLUDES A SUB-COMMITTEE THAT INCLUDES PUBLIC HEALTH DEPTS , SCHOOLS, COUNTY PREVENTION DEPARTMENT, COUNTY MENTAL HEALTH, COMMUNITY HEALTH WORKERS FOCUSED ON THE LATINO POPULATION, HEALTH LITERACY EXPERTS, AND MORE IN ADDITION, THE WORK OF THE CHNA WAS SHAPED BY THE COMMUNITY ADVISORY COUNCIL, WHOSE VOTING MEMBERS ARE OVER 50% PEOPLE ON MEDICAID

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

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 5 IN THE MOST RECENT CHNA, PROVIDENCE TOOK INTO ACCOUNT INPUT FROM MANY INDIVIDUALS AND ORGANIZATIONS COMMUNITY MEMBERS WERE INVITED TO PROVIDE INPUT THROUGH COMMUNITY LISTENING SESSIONS RECRUITMENT EFFORTS TOOK INTO SPECIAL CONSIDERATION THE NEEDS AND BARRIERS TO PARTICIPATION FOR LOW-INCOME INDIVIDUALS ONE SESSION WAS HELD IN SPANISH AND TRANSCRIBED TO SOLICIT INPUT FROM THE LOCAL LATINO POPULATION INCENTIVES, INCLUDING CHILDCARE, WERE PROVIDED TO ENSURE ACTIVE PARTICIPATION AND ENGAGEMENT KEY STAKEHOLDERS WERE ASKED TO REPRESENT THEIR ORGANIZATIONS AND CLIENTS 2016 CLATSOP COUNTY CHNA KEY STAKEHOLDERS INTERVIEWED ELAINE BRUCE, EXECUTIVE DIRECTOR, CLATSOP COMMUNITY ACTIONALAN EVANS, EXECUTIVE DIRECTOR, HELPING HANDS RE-ENTRY OUTREACH CENTERSCRAIG HOPPES, SUPERINTENDENT, ASTORIA SCHOOL DISTRICTMARK KUJALA, MAYOR, CITY OF WARRENTONVIVIANA MATTHEWS, DEPUTY DIRECTOR, CLATSOP COMMUNITY ACTIONDEBBIE MORROW, CO-CHAIR, COLUMBIA PACIFIC CCOMATT PHILLIPS, JAIL COMMANDER, CLATSOP COUNTY SHERIFF'S OFFICEJOYCE STUBER, DEVELOPMENT DIRECTOR, HELPING HANDS RE-ENTRY OUTREACH CENTERSSYDNEY VAN DUSEN, COORDINATOR, WAY TO WELLVILLE

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

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	Part V, Section B, Line 5 IN THE MOST RECENT CHNA, PROVIDENCE TOOK INTO ACCOUNT INPUT FROM MANY INDIVIDUALS AND ORGANIZATIONS COMMUNITY MEMBERS WERE INVITED TO PROVIDE INPUT THROUGH COMMUNITY LISTENING SESSIONS RECRUITMENT EFFORTS TOOK INTO SPECIAL CONSIDERATION THE NEEDS AND BARRIERS TO PARTICIPATION FOR LOW-INCOME INDIVIDUALS ONE SESSION WAS HELD IN SPANISH AND TRANSCRIBED TO SOLICIT INPUT FROM THE LOCAL LATINO POPULATION INCENTIVES, INCLUDING CHILDCARE, WERE PROVIDED TO ENSURE ACTIVE PARTICIPATION AND ENGAGEMENT KEY STAKEHOLDERS WERE ASKED TO REPRESENT THEIR ORGANIZATIONS AND CLIENTS MANY INDIVIDUALS, INCLUDING THE DIRECTOR OF YAMHILL COUNTY HEALTH & HUMAN SERVICES, THE FIRE CHIEF, AND OTHER PUBLIC EMPLOYEES REPRESENTING HIGH-NEEDS COMMUNITIES ACTIVELY PARTICIPATE ON PROVIDENCE'S YAMHILL SERVICE AREA ADVISORY COUNCIL THEY WERE THEREFORE NOT INTERVIEWED SEPARATELY STAKEHOLDERS INTERVIEWED FOR 2016 NEWBERG CHNA JENNIFER JACKSON, MEMBER ENGAGEMENT SUPERVISOR, YAMHILL COMMUNITY CARE ORGANIZATIONKYM LEBLANC-ESPARZA, SUPERINTENDENT, NEWBERG SCHOOL DISTRICTSEAMUS MCCARTHY, DIRECTOR OF OPERATION AND INTEGRATION, YAMHILL COMMUNITY CARE ORGANIZATIONBETH WASSON, EXECUTIVE DIRECTOR, NEWBERG FISH EMERGENCY SERVICES

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

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	Part V, Section B, Line 5 IN THE MOST RECENT CHNA, PROVIDENCE TOOK INTO ACCOUNT INPUT FROM MANY INDIVIDUALS AND ORGANIZATIONS COMMUNITY MEMBERS WERE INVITED TO PROVIDE INPUT THROUGH COMMUNITY LISTENING SESSIONS RECRUITMENT EFFORTS TOOK INTO SPECIAL CONSIDERATION THE NEEDS AND BARRIERS TO PARTICIPATION FOR LOW-INCOME INDIVIDUALS INCENTIVES, INCLUDING CHILDCARE, WERE PROVIDED TO ENSURE ACTIVE PARTICIPATION AND ENGAGEMENT SEVERAL KEY STAKEHOLDERS WERE ASKED TO REPRESENT THEIR ORGANIZATIONS AND CLIENTS IN SEPARATE SESSIONS PARTICIPANTS ARE NOTED BELOW CYNTHIA ACKERMAN, CHIEF QUALITY OFFICER, ALLCARE HEALTHHANNAH ANCEL, COMMUNITY ENGAGEMENT COORDINATOR, JACKSON CARE CONNECTJACKSON BAURES, DIVISION MANAGER, JACKSON COUNTY PUBLIC HEALTH SERVICESSTACY BRUBAKER, DIVISION MANAGER, JACKSON COUNTY MENTAL HEALTHCOREY FALLS, SHERIFF, JACKSON COUNTYDOUG FLOW, CHIEF EXECUTIVE OFFICER, ALLCARE HEALTHHEIDI HILL, ENGAGEMENT PROGRAM MANAGER, JACKSON CARE CONNECTSOCORRO HOLLOWAY, COUNCIL PRESIDENT, ST VINCENT DE PAUL ROGUE VALLEYTIFFANY LAMBERT, SPECIAL SERVICES DIRECTOR, EAGLE POINT SCHOOL DISTRICTDAN PETERSON, FIRE CHIEF, JACKSON COUNTY FIRE DISTRICT 3TAMMI PITZEN, CHILDREN'S ADVOCACY CENTER OF JACKSON COUNTYTANIA TONG, MEDFORD SCHOOL DISTRICTANGELA WARREN, COLLABORATION MANAGER, JEFFERSON REGIONAL HEALTH ALLIANCEHANK WILLIAMS, MAYOR, CITY OF CENTRAL POINT

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 6a THE COLUMBIA GORGE HEALTH COUNCIL PRODUCED A REGIONAL HEALTH NEEDS ASSESSMENT PROVIDENCE WAS AN ACTIVE PARTICIPANT IN THAT PROCESS, AS WELL AS PRODUCING A STAND-ALONE EXECUTIVE SUMMARY SPECIFIC TO THE PHRMH SERVICE AREA THE COLLABORATIVE ASSESSMENT INCLUDED SEVERAL HOSPITAL PARTNERS MID-COLUMBIA MEDICAL CENTER, KLICKITAT VALLEY HEALTH, AND SKYLINE HOSPITAL

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

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 6a COLUMBIA MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 6b THE COLUMBIA GORGE HEALTH COUNCIL PRODUCED A REGIONAL HEALTH NEEDS ASSESSMENT PROVIDENCE WAS AN ACTIVE PARTICIPANT IN THAT PROCESS, AS WELL AS PRODUCING A STAND-ALONE DOCUMENT SPECIFIC TO THE PHRMH SERVICE AREA THE COLLABORATIVE ASSESSMENT INCLUDED COLUMBIA GORGE HEALTH COUNCIL, FOUR RIVERS EARLY LEARNING HUB, HOOD RIVER COUNTY HEALTH DEPARTMENT, KLICKITAT PUBLIC HEALTH, MID-COLUMBIA CENTER FOR LIVING, NORTH CENTRAL PUBLIC HEALTH DISTRICT, ONE COMMUNITY HEALTH, PACIFICSOURCE COMMUNITY SOLUTIONS, SKAMANIA COUNTY HEALTH DEPARTMENT, AND UNITED WAY OF THE COLUMBIA GORGE

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 11 PROVIDENCE IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTN ERS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED THE 2016 CHNA RESULTED IN A NEW COMMUNITY HEALTH IMPROVEMENT PLAN ADOPTED IN MAY, 2017, WHICH HAS GUIDED THE COMMUNITY BENEFIT ACTI VITIES THROUGH 2017 THE KEY IDENTIFIED NEEDS LISTED IN THE FACILITY'S CHNA WERE GROUPED I NTO FOUR MAJOR CATEGORIES ACCESS TO PREVENTIVE AND PRIMARY CARE, MENTAL HEALTH AND SUBSTA NCE USE, CHRONIC CONDITIONS, AND ORAL HEALTH THESE CATEGORIES INCLUDE BASIC NEEDS, SUCH A S FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION THE KEY STRATEGIES FOR ADDRESSING THE SE HEALTH NEEDS IN HOOD RIVER ARE AVAILABLE ONLINE WITH THE CHNA AT HTTP //COMMUNITYBENEFI T PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/ SOME SPECIFIC EXAMPLES OF ACTIVITIES TAKEN IN 2017 INCLUDE THE CONTINUED FUNDING A COMMUNITY-BASED COLLECTIVE IMPACT HEALTH SP ECIALIST, WHOSE POSITION AT THE UNITED WAY OF THE COLUMBIA GORGE HAS BEEN EXCLUSIVELY SUPP ORTED BY PROVIDENCE THIS POSITION SERVES AS A GRANT-WRITER FOR COMMUNITY AT-LARGE PROJECT S ADDRESSING CHNA IDENTIFIED NEEDS, ASSISTING TO PROCURE OVER $7 0M IN GRANTS FOR THE GORG E REGION SINCE 2014, $2 5M OF THAT SECURED IN 2017 THIS GRANT WRITING SUPPORT MODEL WAS R ECOGNIZED BY THE ROBERT WOOD JOHNSON FOUNDATION IN THE CULTURE OF HEALTH PRIZE AND HELPED TO BRING BLUE ZONES TO THE GORGE PROVIDENCE REMAINS AN ACTIVE PARTICIPANT IN ENROLLMENT A SSISTANCE FOR HEALTH INSURANCE, PROVIDING ACCESS TO CARE REGARDLESS OF ABILITY TO PAY, INC REASING CARE FOR PATIENTS AND COMMUNITY MEMBERS EXPERIENCING DISABILITIES OR CHRONIC CONDI TIONS THROUGH THE VOLUNTEERS IN ACTION PROGRAM, PALLIATIVE CARE PROGRAMS AND SPECIFIC OUTR EACH TO THE LATINO COMMUNITY, MAINTAINING A RURAL HEALTH RESIDENCY PROGRAM TO INCREASE PRO VIDER EDUCATION AND ACCESS TO CARE IN RURAL AREAS, DIABETES EDUCATION PROGRAMS, MEDICATION ASSISTANCE PROGRAMS, AND CONTINUES TO BE AN ACTIVE PARTNER WITH THE REGIONAL CCO, DCO, AN D MENTAL HEALTH PROVIDERS ADDITIONALLY, PROVIDENCE HAS ENGAGED WITH SEVERAL COMMUNITY ORGA NIZATIONS TO ADDRESS THE NEEDS IDENTIFIED IN THE PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL C HNA AND THE SUBSEQUENT COMMUNITY HEALTH IMPROVEMENT PLAN PROVIDENCE AND REGIONAL STAKEHOL DERS CONTINUED THEIR COMMITMENT TO IDENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESIT Y AS A MAJOR COMMUNITY HEALTH CHALLENGE, THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIATIVE THIS IS A MULTI-YEAR INITIATIVE, AND IN 2017 INCLUDED PARTNERSHIP WITH THE OREGON FOOD B ANK TO SUPPORT A SCHOOL-BASED FOOD PANTRY, THE GRANT PROVIDED MORE THAN 39,000 POUNDS OF F OOD AND SERVED ALMOST 4,500 FAMILIES ADDITIONALLY, A PARTNERSHIP WITH THE NORTH CENTRAL P UBLIC HEALTH DISTRICT SPONSORED A SCHOOL-BASED NUTRITION AND ACTIVITY INITIATIVE CALLED TH E GORGE YOUTH FIT 4 LIFE PROGRAM OTHER PROGRAMS INCLUDE SPANISH-LANGUAGE HEALTH PROMOTION PROGRAMS AND SUPPORT FOR THE IMMIGRANT COUNSELING SERVICES TO PROVIDE NO-COST, LOW-BARRIE R COUNSELING FOR IMMIGRANT FAM

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	ILIES AND SUPPORTIVE SERVICES (SOCIAL DETERMINANTS OF HEALTH) THROUGH ONE COMMUNITY HEALTH SMALL GRANTS WERE PROVIDED TO THE NEXT DOOR, INC - PROYECTO ESPERE/WAIT PROJECT, FISH F OOD BANK, ST FRANCIS HOUSE OF ODELL (FREE COMMUNITY ZUMBA FOR BREAST CANCER AWARENESS), H AVEN (SEXUAL VIOLENCE PREVENTION PROGRAM), THE NEXT DOOR, INC PROTECT OUR CHILDREN, GORGE GROWN FOOD NETWORK, HOOD RIVER COUNTY CHRISTMAS PROJECT AND THE HOOD RIVER VALLEY ADULT C ENTER THERE WAS AN EXTENSIVE LIST OF NEEDS AND ISSUES IDENTIFIED THROUGH THIS ASSESSMENT P ROCESS AND THE ORGANIZATION IS UNABLE TO ADDRESS ALL OF THEM DURING THIS CYCLE DUE TO FUND ING AND RESOURCE AVAILABILITY THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON SUCH IS SUES, AND PH&S- OR WILL BE AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABORATIVE EFFOR TS

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 11 PROVIDENCE IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTN ERS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED THE 2016 CHNA RESULTED IN A NEW COMMUNITY HEALTH IMPROVEMENT PLAN ADOPTED IN MAY, 2017 THE KEY IDENTIFIED NEEDS LISTED IN THE FACI LITY'S CHNA WERE GROUPED INTO FOUR MAJOR CATEGORIES ACCESS TO PREVENTIVE AND PRIMARY CARE , MENTAL HEALTH AND SUBSTANCE USE, CHRONIC CONDITIONS, AND ORAL HEALTH THESE CATEGORIES I NCLUDE BASIC NEEDS, SUCH AS FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION THE KEY STR ATEGIES FOR ADDRESSING THESE HEALTH NEEDS IN SEASIDE ARE AVAILABLE ONLINE WITH THE CHNA AT HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/ PROVIDENCE CO NTINUED ITS PARTNERSHIP WITH MEDICAL TEAMS INTERNATIONAL TO PROVIDE MOBILE DENTAL SERVICES IN CLATSOP COUNTY, ACTUALLY EXPANDING THE ORAL HEALTH ACCESS FROM THOSE PROVIDED IN 2016 PSH EXECUTIVES CONTINUE TO BE ENGAGED WITH COLUMBIA PACIFIC CCO, HELPING TO CRAFT STRATEG IES FOR QUALITY AND ACCESS TO ALL PEOPLE WITHIN THE SERVICE AREA PROVIDENCE FUNDED THE HE LPING HANDS RE-ENTRY OUTREACH CENTERS FOR THEIR CLATSOP COUNTY LOCATION, PROVIDING EMERGEN CY SHELTER, CASE MANAGEMENT, AND OTHER SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES IN CRISIS AND RECOVERY RESTORATION HOUSE WAS FUNDED TO PROVIDE HOUSING AND SUPPORT SERVICES FOR FORMERLY INCARCERATED MEN WITH CO-OCCURRING MENTAL ILLNESS, AN OFTEN MARGINALIZED POP ULATION PROVIDENCE SUPPORTED THE FOSTER CLUB AND THE HARBOR TO PROVIDE PEER SUPPORT, RECO VERY, AND SUPPORTIVE SERVICES FOR THEIR CLIENTS (YOUTH AND DOMESTIC VIOLENCE VICTIMS) WE HAVE CONTINUED THE COMMITMENT TO THE COMMUNITY RESOURCE DESK PARTNERSHIP WITH CLATSOP COMM UNITY ACTION, CO-LOCATING STAFF ON THE PROVIDENCE SEASIDE HOSPITAL CAMPUS THE 1 0 FTE COM MUNITY RESOURCE SPECIALIST, EMPLOYED BY CCA, PROVIDES SOCIAL SUPPORT AND SAFETY NET SERVIC ES THROUGH THE COMMUNITY RESOURCE DESK PROVIDENCE AND REGIONAL STAKEHOLDERS CONTINUED PAR TNERSHIPS TO IDENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHALLENGE, THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIATIVE THIS IS A MULTI-YEAR INITIATIVE, AND IN 2017 INCLUDED PARTNERSHIP WITH WAY TO WELLVILLE (C/O CONNECT THE DOTS) TO PROVIDE IT'S FREE AFTER SCHOOL CLATSOP COUNTY KIDS GO! PROGRAM IN FOUR LOCAL ELEMENTAR Y SCHOOLS PROGRAM GOALS ARE TO INCREASE OVERALL HEALTH AND WELLNESS OF EACH CHILD, COMPON ENTS INCLUDE POSITIVE ADULT INFLUENCES, HEALTH EDUCATIONS AROUND FRUITS AND VEGETABLES, V ITAMINS, ADDED SUGAR AND PHYSICAL ACTIVITY, MINDFULNESS TRAINING, GARDENING EDUCATION PROV IDENCE DIRECTLY PROVIDED DIABETES EDUCATION CLASSES, STAFF TIME AT COMMUNITY EVENTS, SUPPO RT GROUPS, ASTHMA AND COPD EDUCATION, VOLUNTEER PROGRAMS THROUGH COMMUNITY CONNECTIONS, AN EARLY CHILDHOOD CLINIC, CAREGIVER SUPPORT AND TRAINING PROGRAMS, MEDICATION ASSISTANCE, P ATIENT SUPPORT FOR SAFE AND SECURE DISCHARGE FOR THE FIRST THIRTY DAYS, AND PROVIDING SPOR TS PHYSICALS FOR STUDENTS WHO

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	COULD OTHERWISE NOT AFFORD THEM PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR A LL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROLLMENT ASSISTANCE FOR INDIVI DUALS WHO ARE NOT YET INSURED BUT WISH TO BE SMALL GRANTS WERE PROVIDED TO GRACE EPISCOPAL CHURCH FOOD PANTRY, SOUTH COUNTY COMMUNITY FOOD BANK, TILLAMOOK SCHOOL DISTRICT NO 9 BIG MOMMA'S GARDEN PROJECT AND SUNSET EMPIRE PARKS AND RECREATION DISTRICT FOR HEALTH THEATER THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON ADDITIONAL ISSUES, AND PH&S - OR IS A N ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABORATIVE EFFORTS THAT ARE WORKING TO ADDRE SS OTHER NEEDS IDENTIFIED

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	Part V, Section B, Line 11 PROVIDENCE IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTN ERS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED THE 2016 CHNA RESULTED IN A NEW COMMUNITY HEALTH IMPROVEMENT PLAN ADOPTED IN MAY, 2017, WHICH HAS GUIDED THE COMMUNITY BENEFIT ACTI VITIES THROUGH 2017 THE KEY IDENTIFIED NEEDS LISTED IN THE FACILITY'S CHNA WERE GROUPED I NTO FOUR MAJOR CATEGORIES ACCESS TO PREVENTIVE AND PRIMARY CARE, MENTAL HEALTH AND SUBSTA NCE USE, CHRONIC CONDITIONS, AND ORAL HEALTH THESE CATEGORIES INCLUDE BASIC NEEDS, SUCH A S FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION THE KEY STRATEGIES FOR ADDRESSING THE SE HEALTH NEEDS IN NEWBERG ARE AVAILABLE ONLINE WITH THE CHNA AT HTTP //COMMUNITYBENEFIT P ROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/ SOME SPECIFIC EXAMPLES OF ACTIVITIES TA KEN IN 2017 INCLUDE THE CONTINUATION AND EXPANSION OF THE PARISH HEALTH PROMOTERS (PROMOTO RES) PROGRAM, PROVIDING CULTURALLY COMPETENT TRAINING AND OUTREACH TO THE SPANISH-SPEAKING POPULATION THE PROGRAM HAS INCREASED TO OVER 90 INDIVIDUALS SERVING AS TRAINED AS COMMUN ITY HEALTH WORKERS, AND ORGANIZED CHRONIC CONDITIONS MANAGEMENT COURSES, ACTIVITY PROGRAMS , AND HEALTH FAIRS AS WAS THE CASE IN 2016, THE PROGRAM ALSO PARTNERS WITH PROVIDENCE'S T ELEHEALTH PROGRAM TO INCREASE ACCESS TO PREVENTIVE AND PRIMARY CARE TO THE SPANISH SPEAKIN G POPULATION IN YAMHILL COUNTY PROVIDENCE SUPPORTED TWO INITIATIVES DELIVERED THROUGH LUT HERAN COMMUNITY SERVICES NW, INCLUDING THE MINORITY AIDS INITIATIVE NAVIGATION PROJECT (ME DICAL CASE MANAGEMENT AND HEALTH NAVIGATION SERVICES FOR HIV+ INDIVIDUALS) AND THE EXPANSI ON OF THEIR FAMILY SUPPORT SERVICES AT MARY'S PLACE (RELIEF NURSERY PROGRAM) IN TERMS OF BEHAVIORAL HEALTH, PROVIDENCE FUNDED THE HELPING HANDS RE-ENTRY OUTREACH CENTERS FOR THEIR YAMHILL COUNTY LOCATION, PROVIDING EMERGENCY SHELTER (OVER 800 OVERNIGHT STAYS), CASE MAN AGEMENT, AND OTHER SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES IN CRISIS AND RECOVERY PNMC PROVIDES EXTERNSHIP AND SUPERVISION FOR REHABILITATION AND NURSING STUDENTS, AND PR OVIDENCE LEADERSHIP CONTINUES TO BE EXTENSIVELY ENGAGED ON THE BOARD OF THE YAMHILL COMMUN ITY CARE ORGANIZATION MORE INFORMATION REGARDING THE RESULTS OF THESE PARTNERSHIPS IS AVA ILABLE IN THE FULL CHNA PROVIDENCE AND REGIONAL STAKEHOLDERS CONTINUED THEIR COMMITMENT TO IDENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHAL LENGE, AROUND WHICH FUNDING AND INTERNAL PROGRAMS COULD BE ORGANIZED THROUGH THE "HEALTHIE R KIDS, TOGETHER" INITIATIVE THIS IS A MULTI-YEAR INITIATIVE, AND IN 2017 INCLUDED A PART NERSHIP WITH GEORGE FOX UNIVERSITY'S HEALTHY KIDS HEALTHY COMMUNITIES PROGRAM THE INITIAT IVE PROVIDES COMPREHENSIVE, SCHOOL-BASED, BEHAVIORAL-HEALTH CURRICULUM DESIGNED TO PROVIDE DEVELOPMENTALLY-SEQUENCED SERVICES ACROSS KINDERGARTEN THROUGH MIDDLE SCHOOL MODULES INC LUDE NUTRITION, FITNESS, LIFE SKILLS, AND STRESS MANAGEMENT THIS CURRICULUM WAS IMPLEMEN TED IN TWO RURAL SCHOOL DISTRI

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	CTS IN YAMHILL COUNTY PROVIDENCE DIRECTLY PROVIDED DIABETES EDUCATION CLASSES, STAFF TIME AT COMMUNITY EVENTS, SUPPORT GROUPS, VOLUNTEER PROGRAMS THROUGH COMMUNITY CONNECTIONS, CAR EGIVER SUPPORT AND TRAINING PROGRAMS, MEDICATION ASSISTANCE, PATIENT SUPPORT FOR SAFE AND SECURE DISCHARGE FOR THE FIRST THIRTY DAYS IN PARTNERSHIP WITH PROJECT ACCESS NOW, AN ATHL ETIC TRAINER FOR THE LOCAL HIGH SCHOOL, AND PROVIDED SPORTS PHYSICALS FOR STUDENTS WHO COU LD OTHERWISE NOT AFFORD THEM PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROLLMENT ASSISTANCE FOR INDIVIDUA LS WHO ARE NOT YET INSURED BUT WISH TO BE THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON ADDITIONAL ISSUES, AND PH&S - OR IS AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLAB ORATIVE EFFORTS THAT ARE WORKING TO ADDRESS OTHER NEEDS IDENTIFIED

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	Part V, Section B, Line 11 PROVIDENCE IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTN ERS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED THE 2016 CHNA RESULTED IN A NEW COMMUNITY HEALTH IMPROVEMENT PLAN ADOPTED IN MAY, 2017, WHICH HAS GUIDED THE COMMUNITY BENEFIT ACTI VITIES THROUGH 2017 THE KEY IDENTIFIED NEEDS LISTED IN THE FACILITY'S CHNA WERE GROUPED I NTO FOUR MAJOR CATEGORIES ACCESS TO PREVENTIVE AND PRIMARY CARE, MENTAL HEALTH AND SUBSTA NCE USE, CHRONIC CONDITIONS, AND ORAL HEALTH THESE CATEGORIES INCLUDE BASIC NEEDS, SUCH A S FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION THE KEY STRATEGIES FOR ADDRESSING THE SE HEALTH NEEDS IN MEDFORD ARE AVAILABLE ONLINE WITH THE CHNA AT HTTP //COMMUNITYBENEFIT P ROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/ SOME SPECIFIC EXAMPLES OF ACTIVITIES TA KEN IN 2017 INCLUDE A PARTNERSHIP WITH THE ADDICTIONS RECOVERY CENTER IN SUPPORT OF THEIR OPIOID TREATMENT PROGRAM, FUNDING AN EXPANDED LOCATION AND START-UP COSTS BEHAVIORAL HEAL TH SUPPORT WAS PROVIDED THROUGH A PARTNERSHIP WITH THE UNITED WAY OF JACKSON COUNTY, FUNDI NG THEIR BIG IDEA ACES/IMPLICIT BIAS TRAININGS THESE TRAININGS ARE INTENDED TO HELP BUIL D THE CAPACITY OF COMMUNITY MEMBERS TO UNDERSTAND AND ADDRESS THESE SORTS OF BIAS IN THEIR WORK SEVERAL GRANTS TARGETING SOCIAL DETERMINANTS OF HEALTH WERE ISSUED, INCLUDING ORGAN IZATIONS SUCH AS MERCY FLIGHTS AND ROGUE COMMUNITY HEALTH MERCY FLIGHTS PARTNERED WITH PR OVIDENCE TO ASSIST UNINSURED PATIENTS IN TRANSITIONAL CARE, CONNECTING THEM TO VARIOUS COM MUNITY SUPPORT RESOURCES ON HOSPITAL DISCHARGE WHILE ROGUE COMMUNITY HEALTH CENTERED THEIR FUNDING ON HOUSING NEEDS OF CLIENTS AS IDENTIFIED THROUGH THEIR INTEGRATED HEALTH AND WEL LNESS PROGRAM IN 2016, PROVIDENCE AND REGIONAL STAKEHOLDERS MET TO IDENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHALLENGE, AROUND WHICH FUND ING AND INTERNAL PROGRAMS COULD BE ORGANIZED THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIA TIVE THIS IS A MULTI-YEAR INITIATIVE, AND IN 2017 INCLUDED PARTNERSHIP WITH KIDS UNLIMITE D OF OREGON, ROGUE VALLEY YMCA'S JUNIOR WELLNESS PROGRAM AND THE AMERICAN HEART ASSOCIATIO N HEALTHY FOR GOOD PROGRAM THROUGH PROVIDENCE FUNDING, KIDS UNLIMITED PROVIDED HEALTHY ME ALS AND SNACKS TO CHILDREN DURING AFTER SCHOOL AND WEEKEND PROGRAMS CURRICULUM INCLUDED N UTRITION EDUCATION AND PHYSICAL ACTIVITY PROGRAMS ENCOURAGING HEALTHY LIFESTYLES THE YMCA PROGRAM WAS DESIGNED TO GET OVERWEIGHT YOUTH TO PARTICIPATE IN PHYSICALLY CHALLENGING AND FUN, GAMES AND ACTIVITIES INFORMED BY THE NATIONAL YMCA'S HEALTHY EATING AND PHYSICAL ACT IVITY STANDARDS (HEPA) AS IN PREVIOUS YEARS, PROVIDENCE EXECUTIVES WERE EXTENSIVELY ENGAGE D WITH THE LOCAL CCO BOARDS IN ORDER TO CONTINUE ENSURING CARE FOR THOSE ELIGIBLE FOR MEDI CAID ADDITIONALLY, PROVIDENCE DIRECTLY PROVIDED FREE AND LOW-COST SUPPORT GROUPS AND CANC ER SCREENINGS, COMMUNITY EDUCATION AROUND PHYSICAL AND OCCUPATIONAL THERAPY, ENSURING EMER GENCY DEPARTMENT PHYSICIANS WE

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	RE AVAILABLE WHEN NEEDED, SUBSIDIZED EXPENSES OF GUEST HOUSING FOR FAMILY MEMBERS, PROVIDE D ATHLETIC TRAINERS AND FREE SPORTS PHYSICALS FOR STUDENTS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD THEM, PARTICIPATED AND FUNDED THE JEFFERSON HEALTH INFORMATION EXCHANGE, EXECUT IVE SUPPORT FOR AND ENGAGEMENT IN THE JEFFERSON REGIONAL HEALTH ALLIANCE, SUPPORT FOR COUR T APPOINTED SPECIAL ADVOCATES, AND PROVIDED HEALTH PROFESSIONALS TRAINING (PHYSICAL AND OC CUPATIONAL THERAPY, NURSING, AND LAB TECH, AMONGST OTHERS) PROVIDENCE CONTINUES ITS COMMI TMENT TO PROVIDE CARE FOR ALL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROL LMENT ASSISTANCE FOR INDIVIDUALS WHO ARE NOT YET INSURED BUT WISH TO BE, AS WELL AS PROVID ING MEDICATION ASSISTANCE AND OTHER BASIC SUPPORT TO ALLOW FOR SAFE AND SECURE DISCHARGE F OR THE FIRST THIRTY DAYS FURTHERMORE, PROVIDENCE IS ACTIVELY WORKING TO INTEGRATE AND IMP ROVE ACCESS TO BEHAVIORAL HEALTH SERVICES, INCREASE ACCESS TO PRIMARY CARE, AND IMPROVE PR OTOCOLS AND PATIENT ENGAGEMENT IN MANAGING AND PREVENTING CHRONIC CONDITIONS ADDITIONAL I NFORMATION ABOUT THESE INTERNAL EFFORTS IS AVAILABLE IN THE CHNA THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON ADDITIONAL ISSUES, AND PH&S-OR IS AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABORATIVE EFFORTS THAT ARE WORKING TO ADDRESS OTHER IDENTIFIED HEALTH N EEDS

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 16j THE FAP SIGNAGE AND INFORMATION ARE INCLUDED ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 16j THE FAP SIGNAGE AND INFORMATION ARE INCLUDED ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	Part V, Section B, Line 16j THE FAP SIGNAGE AND INFORMATION ARE INCLUDED ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	Part V, Section B, Line 16j THE FAP SIGNAGE AND INFORMATION ARE INCLUDED ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PROVIDENCE HOOD RIVER MEM HOSPITAL (4)	Part V, Section B, Line 24 IF THE SERVICES WERE NOT MEDICALLY NECESSARY OR WERE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY, THEY WERE BILLED AT THE GROSS CHARGE

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

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

Form and Line Reference	Explanation
PROVIDENCE SEASIDE HOSPITAL (5)	Part V, Section B, Line 24 IF THE SERVICES WERE NOT MEDICALLY NECESSARY OR WERE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY, THEY WERE BILLED AT THE GROSS CHARGE

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

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

Form and Line Reference	Explanation
PROVIDENCE NEWBERG MEDICAL CENTER (6)	Part V, Section B, Line 24 IF THE SERVICES WERE NOT MEDICALLY NECESSARY OR WERE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY, THEY WERE BILLED AT THE GROSS CHARGE

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

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

Form and Line Reference	Explanation
PROVIDENCE MEDFORD MEDICAL CENTER (7)	Part V, Section B, Line 24 IF THE SERVICES WERE NOT MEDICALLY NECESSARY OR WERE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY, THEY WERE BILLED AT THE GROSS CHARGE

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 7b	PHS - OREGON (GROUP A - 1-3 & 8)HTTP //WWW Q-CORP ORG/2016-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORTPROVIDENCE HOOD RIVER MEM HOSPITAL (4)HTTP //CGHEALTHCOUNCIL ORG/DOCUMENTS/PROVIDENCE SEASIDE HOSPITAL (5)HTTPS //COLUMBIAMEMORIAL ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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

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

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

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

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

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 PROVIDENCE PORTLAND MEDICAL CENTER, - Facility 2 PROVIDENCE ST VINCENT MEDICAL CENTER, - Facility 3 PROVIDENCE MILWAUKIE HOSPITAL, - Facility 8 PROVIDENCE WILLAMETTE FALLS MED CTR

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

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 3j	PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 5	THE HOSPITAL TOOK INTO ACCOUNT SUBSTANTIAL INPUT FROM INDIVIDUALS REPRESENTING THE BROAD I NTERESTS OF THE COMMUNITY AS WELL AS PUBLIC HEALTH OFFICIALS PROVIDENCE PARTICIPATES AS A MEMBER OF THE HEALTHY COLUMBIA WILLAMETTE COLLABORATIVE (HCWC), WHICH IS A PARTNERSHIP OF 15 HOSPITALS, FOUR COUNTY PUBLIC HEALTH AGENCIES, AND TWO COORDINATED CARE ORGANIZATIONS HCWC HAS BEEN CONVENING SINCE 2012 AND PRODUCED ITS FIRST COLLABORATIVE CHNA IN 2013, WIT H THE CYCLE TWO CHNA COMPLETED IN JULY, 2016 REPRESENTATIVES FROM EACH MEMBER ORGANIZATIO N MEET MONTHLY AS A LEADERSHIP GROUP AND FORMED MULTIPLE WORKGROUPS TO INCLUDE MULTIPLE DA TA SOURCES AND PERSPECTIVES MEMBERS OF THE WORKGROUPS ARE NOTED BELOW AND ARE ALSO AVAILA BLE IN THE CHNA COMMUNITY ENGAGEMENT WORKGROUP ADRIENNE BUESA, OREGON HEALTH & SCIENCE UNI VERSITY ALICIA ATTALA-MEI, OREGON PRIMARY CARE ASSOCIATION AMY ANDERSON, HEALTH SHARE OF O REGON COMMUNITY ADVISORY COUNCIL, ADULT MENTAL HEALTH AND SUBSTANCE ABUSE ADVISORY COUNCIL BERET HALVERSON, OREGON STATE UNIVERSITY EXTENSION BRETT HAMILTON, FAMILYCARE HEALTH CASS ANDRA ROBINSON, PROVIDENCE CORE CHARINA WALKER, MULTNOMAH COUNTY HEALTH DEPARTMENT CHRIS G OODWIN, CLARK COUNTY PUBLIC HEALTH CHRISTINE SORVARI, MULTNOMAH COUNTY HEALTH DEPARTMENT C LAIRE NYSTROM, MULTNOMAH COUNTY HEALTH DEPARTMENT EDWARD HOOVER, ADVENTIST MEDICAL CENTER ERIN JOLLY, WASHINGTON COUNTY PUBLIC HEALTH DIVISION GENEVIEVE ELLIS, MULTNOMAH COUNTY HEA LTH DEPARTMENTGIOVANNA FREZZA, FAMILYCARE HEALTH HAYLEY PICKUS, KAISER PERMANENTE JAMIE ZE NTNER, CLACKAMAS COUNTY PUBLIC HEALTH DIVISION JESSE GELWICKS, KAISER PERMANENTE JOSIE SIL VERMAN, FAMILYCARE HEALTH JULIE AALBERS, CLACKAMAS COUNTY PUBLIC HEALTH DIVISION KRISTIN B ROWN, PROVIDENCE CORE LETICIA VITELA, WASHINGTON COUNTY PUBLIC HEALTH DIVISION MEGAN MCANI NCH-JONES, PROVIDENCE HEALTH & SERVICES MEGHAN CRANE, MULTNOMAH COUNTY HEALTH DEPARTMENT M ICHAEL ANDERSON-NATHE, HEALTH SHARE OF OREGON PAMELA WEATHERSPOON, LEGACY HEALTH PETER MOR GAN, ADVENTIST MEDICAL CENTER SUZANNE HANSCHE, ELDERS IN ACTION COMMISSION, AREA COUNCIL O N AGING, ALLIES FOR A HEALTHIER OREGON TAMEKA BRAZILE, MULTNOMAH COUNTY HEALTH DEPARTMENTH OSPITAL & CCO DATA WORKGROUP MEMBERS ADRIENNE BUESA, OREGON HEALTH & SCIENCE UNIVERSITY AN NIE RAICH, HCWC EPIDEMIOLOGIST BRETT HAMILTON, FAMILYCARE BRIAN WILLOUGHBY, LEGACY HEALTH GERALD EWING, TUALITY HEALTHCARE JAMES BOYLE, PEACEHEALTH SOUTHWEST MEDICAL CENTER JESSE G ELWICKS, KAISER PERMANENTEKATIE CADIGAN, HEALTH SHARE OF OREGON MEGAN MCANINCH-JONES, PROV IDENCE HEALTH & SERVICES PETER MORGAN, ADVENTIST MEDICAL CENTER RACHEL BURDON, KAISER PERM ANENTE SANDRA CLARK, HEALTH SHARE OF OREGON TREVOR JACOBSON, PEACEHEALTH SOUTHWEST MEDICAL CENTERLEADERSHIP GROUP MEMBERS 2015-2016 ADRIENNE BUESA, OREGON HEALTH & SCIENCE UNIVERSI TY AMY ZLOT, MULTNOMAH COUNTY HEALTH DEPARTMENT ANNIE RAICH, HCWC EPIDEMIOLOGIST ANN MARIE NATALI, PEACEHEALTH SOUTHWEST MEDICAL CENTER BRETT HAMILTON, FAMILYCARE HEALTH BRIAN WILL OUGHBY, LEGACY HEALTH CHRIS SE

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 5	NZ, TUALITY HEALTHCARE DANA LORD, CLACKAMAS COUNTY PUBLIC HEALTH DIVISION EDWARD HOOVER, A DVENTIST MEDICAL CENTER ERIN JOLLY, WASHINGTON COUNTY PUBLIC HEALTH DIVISION GERALD EWING, TUALITY HEALTHCARE JANIS KOCH, CLARK COUNTY PUBLIC HEALTH (CHAIR) JOSIE SILVERMAN, FAMILY CARE HEALTH KARI STANLEY, LEGACY HEALTHMARLA SANGER, PEACEHEALTH SOUTHWEST MEDICAL CENTER MARNI KUYL, WASHINGTON COUNTY PUBLIC HEALTH DIVISION MEGAN MCANINCH-JONES, PROVIDENCE HEAL TH & SERVICES MELANIE PAYNE, CLARK COUNTY PUBLIC HEALTH MICHAEL ANDERSON-NATHE HEALTH SHAR E OF OREGON MOLLY HAYNES, KAISER PERMANENTE PAUL LEWIS, MULTNOMAH COUNTY HEALTH DEPARTMENT PETER MORGAN, ADVENTIST MEDICAL CENTER RACHEL BURDON, KAISER PERMANENTE REBECCA SWEATMAN, PROVIDENCE HEALTH & SERVICES SANDRA CLARK, HEALTH SHARE OF OREGON (CHAIR) SUNNY LEE, CLAC KAMAS COUNTY PUBLIC HEALTH DIVISION TRICIA MORTELL, WASHINGTON COUNTY PUBLIC HEALTH DIVISI ONPRINCIPALS GROUP MEMBERS 2015-2016 CINDY BECKER, FAMILYCARE HEALTH DAN FIELD, KAISER PER MANENTE DAVID RUSSELL, ADVENTIST MEDICAL CENTER DOUGLAS LINCOLN, OREGON HEALTH & SCIENCE U NIVERSITY JANET MEYER, HEALTH SHARE OF OREGON JANIS KOCH, CLARK COUNTY PUBLIC HEALTH JOANN E FULLER, MULTNOMAH COUNTY HEALTH DEPARTMENTLAUREN FOOTE CHRISTENSEN, LEGACY HEALTH MANNY BERMAN, TUALITY HEALTHCARE NANCY STEIGER, PEACEHEALTH SOUTHWEST MEDICAL CENTER PAM MARIEA- NASON, PROVIDENCE HEALTH & SERVICES RICHARD SWIFT, CLACKAMAS COUNTY PUBLIC HEALTH DIVISION TRICIA MORTELL, WASHINGTON COUNTY PUBLIC HEALTH DIVISION

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

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 6a	PROVIDENCE MILWAUKIE HOSPITAL, PROVIDENCE PORTLAND MEDICAL CENTER, PROVIDENCE ST VINCENT MEDICAL CENTER, PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER, ADVENTIST HEALTH PORTLAND, KAISER PERMANENTE SUNNYSIDE AND WESTSIDE HOSPITALS, LEGACY HEALTH, OREGON HEALTH & SCIENCE UNIVERSITY (OHSU), PEACEHEALTH SOUTHWEST MEDICAL CENTER, TUALITY HEALTHCARE

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

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 6b	CLACKAMAS COUNTY PUBLIC HEALTH DIVISION, CLARK COUNTY PUBLIC HEALTH, MULTNOMAH COUNTY PUBLIC HEALTH, WASHINGTON COUNTY PUBLIC HEALTH DIVISION, FAMILYCARE HEALTH, HEALTH SHARE OF OREGON

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 11	PROVIDENCE IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTNERS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED THE 2016 CHNA RESULTED IN A NEW COMMUNITY HEALTH IMPROVEMENT PLAN ADOPTED IN MAY, 2017 THE KEY IDENTIFIED NEEDS FROM THE 2016 CHNA WERE GROUPED INTO FOUR MAJOR CATEGORIES ACCESS TO PREVENTIVE AND PRIMARY CARE, MENTAL HEALTH AND SUBSTANCE USE, CHRONIC CONDITIONS, AND ORAL HEALTH THESE CATEGORIES INCLUDE BASIC NEEDS, SUCH AS FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION THE KEY STRATEGIES FOR ADDRESSING THESE HEALTH NEEDS IN PORTLAND ARE AVAILABLE ONLINE WITH THE CHNA AT HTTP //COMMUNITYBENEFIT PROVIDENCE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/ PROVIDENCE PARTICIPATED IN SEVERAL COMMUNITY-BASED ACTIVITIES, INCLUDING CONTINUING COLLABORATIVE EFFORTS WITH OTHER HOSPITALS AND PROJECT ACCESS NOW AROUND HEALTHCARE OUTREACH AND ENROLLMENT FOR HEALTH INSURANCE, AND ENSURING ENGAGEMENT OF LOCAL VOLUNTEER PROVIDERS TO PROVIDE NECESSARY CARE FOR THE REMAINING UN- AND UNDERINSURED THESE PROJECT ACCESS NOW PROGRAMS HAVE BEEN IN PLACE FOR APPROXIMATELY 8 YEARS AND CONTINUE TO EXHIBIT EXCELLENT OUTCOMES PROVIDENCE HEALTH PLAN PARTICIPATED IN JOINT FUNDING INITIATIVES AND PROVIDED ADMINISTRATIVE SUPPORT FOR PROJECT ACCESS NOW'S PHARMACY BRIDGE PROGRAM, ASSISTING WITH PHARMACEUTICAL AND MEDICATION CLAIMS PROVIDENCE CONTINUED ITS ACTIVE PARTNERSHIP WITH IMPACT NW TO CO-LOCATE STAFF THROUGH THE COMMUNITY RESOURCE DESK PROGRAM STARTED IN 2015 AT TWO HIGH-NEED CLINIC LOCATIONS IN EAST PORTLAND, THE PROGRAM EXPANDED TO WESTERN WASHINGTON COUNTY IN 2016 AND FURTHER TO CLATSOP COUNTY IN 2017 SINCE INCEPTION IN 2015, THE COMMUNITY RESOURCE DESK PROGRAM HAS SERVED 7,208 CLIENTS, BENEFITTING 15,957 INDIVIDUALS IN THOSE HOUSEHOLDS PROVIDENCE CONTINUES TO OPERATE ITS COMMUNITY TEACHING KITCHEN AND FOOD PHARMACY FOR INDIVIDUALS DIAGNOSED WITH FOOD-RELATED CHRONIC CONDITIONS WHO MAY NOT HAVE ACCESS TO HEALTHY, AFFORDABLE FOOD, INCLUDING COOKING CLASSES, NAVIGATION SERVICES, AND DIETITIAN CONSULTATIONS FURTHERMORE, PROVIDENCE CONTINUED ITS PARTNERSHIP AND SUPPORT FOR THE CANBY CENTER'S "COMPASSIONATE SERVICE IN CANBY" TO INCREASE ACCESS TO ORAL HEALTH SERVICES IN THEIR SERVICE AREA AND TO ENHANCE AFTER-SCHOOL ENRICHMENT ACTIVITIES FOR YOUTH THIS INCLUDED DISTRIBUTION OF BACKPACK BUDDIES FOOD PACKS TO OVER 270 NEEDY ELEMENTARY SCHOOL STUDENTS OREGON CITY'S PIONEER PANTRY WAS ALSO FUNDED, SERVING 3,332 FOOD PACKS IN THE 2016-2017 SCHOOL YEAR TO STUDENTS, SOME OF WHOM EXPERIENCED HOMELESSNESS OVER THE COURSE OF THE SCHOOL YEAR OTHER FUNDED PARTNERS INCLUDE CHILDREN FIRST FOR OREGON, PACIFIC UNIVERSITY'S DENTAL HYGIENE PROGRAM, LUTHERAN COMMUNITY SERVICE'S MAIL NAVIGATOR PROJECT AND METROPOLITAN FAMILY SERVICES PROJECT ACCESS NOW ALSO CONTINUED TO BE FUNDED FOR THE PATIENT SUPPORT PROGRAM, OUTREACH AND ENROLLMENT, PREMIUM SUPPORT, AND OTHER TRI-COUNTY PROJECTS PROVIDENCE CONTINUED ITS PARTNERSHIP WITH PARTNERS FOR A HUNGER-FREE OREGON TO SUPPORT SUMMER M

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 11	EAL SITES FOR LOW-INCOME OREGONIANS ADDITIONAL INFORMATION IS AVAILABLE IN THE FULL CHNA THE MULTI-YEAR HOUSING INITIATIVE WITH PORTLAND'S CENTRAL CITY CONCERN CONTINUED THROUGH 2017 IN PARTNERSHIP WITH SEVERAL OTHER HEALTHCARE SYSTEMS TO BUILD OVER 380 UNITS OF NEW, AFFORDABLE HOUSING THROUGH A MULTI-MILLION DOLLAR STRATEGIC INVESTMENT FIVE HEALTH SYSTEM S ARE CONTRIBUTING FUNDING TO SUPPORT THREE NEW HOUSING DEVELOPMENTS, INCLUDING THOSE FOCU SED ON COMMUNITIES OF COLOR THAT HAVE BEEN DISPLACED, THOSE THAT PROVIDE RECUPERATIVE CARE AND SUPPORTIVE RECOVERY HOUSING, AND AN INTEGRATED CLINIC SETTING AT THE NEW EASTSIDE INT EGRATED HOUSING & SERVICES LOCATION THESE HOMES AND FACILITIES ARE CURRENTLY UNDER CONSTR UCTION ENTERPRISE COMMUNITY PARTNERS WAS ALSO FUNDED IN 2016 AND AGAIN IN 2017 TO PILOT " HOME FORWARD AND HUMAN SOLUTIONS" TO CREATE A FUND AND PROGRAM TO ENSURE FAMILIES EXPERIEN CING A HOUSING AND HEALTH CRISIS ARE SERVED WITH SHALLOW RENT ASSISTANCE, EVICTION PREVENT ION, RAPID REHOUSING AND SERVICE SUPPORTS PROVIDENCE MADE A SUBSTANTIAL CONTRIBUTION TO TH E VIRGINIA GARCIA CLINIC CEDAR HILLS CAPITAL CAMPAIGN, HELPING VIRGINIA GARCIA TO OCCUPY A NEW SPACE ALLOWING THEM TO MORE THAN DOUBLE ITS PATIENT CARE CAPACITIES AND PROVIDE CO-LO CATED ORAL HEALTH CARE PROVIDENCE SUPPORTED 211-INFO, FAMILIAS EN ACCION, AND RIDE CONNEC TION ACROSS THE PORTLAND METROPOLITAN AREA TO PROVIDE TRAINING TO PROVIDERS AND COMMUNITY MEMBERS REGARDING AVAILABLE RESOURCES AND CULTURALLY COMPETENT CARE IN PARTNERSHIP WITH M ULTNOMAH COUNTY HEALTH DEPARTMENT, PROVIDENCE SUPPORTED THE TRI-COUNTY 911 PROGRAM FOR THE REMAINING UNINSURED THE LOCAL CCOS FUND THIS RESOURCE FOR THE MEDICAID POPULATION, AND P ROVIDENCE'S FINANCIAL SUPPORT ALLOWS THEM TO PROVIDE THE SERVICE TO THE REMAINING UNINSURE D THIS PROGRAM PROVIDES TARGET CASE MANAGEMENT AND OUTREACH FOR INDIVIDUALS WITH MULTIPLE CALLS TO EMS OR OTHER EMERGENCY SERVICES FOR MENTAL HEALTH OR SUBSTANCE USE RELATED ISSUE S PROVIDENCE HAS CONTINUED ITS PARTNERSHIP WITH MEDICAL TEAMS INTERNATIONAL (MTI) TO PROV IDE MOBILE DENTAL SERVICES FOR COMMUNITY MEMBERS WHO ARE UN- OR UNDER-INSURED THE MTI MOB ILE DENTAL SERVICES MODEL IS ONE OF VERY FEW ORAL HEALTH OPTIONS FOR UNDERSERVED POPULATIO NS AND CONTINUES TO ACT AS A CRITICAL SAFETY NET RESOURCE IN 2016, PROVIDENCE AND REGIONA L STAKEHOLDERS MET TO IDENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHALLENGE, AROUND WHICH FUNDING AND INTERNAL PROGRAMS COULD BE ORGANIZED THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIATIVE THIS IS A MULTI-YEAR INITIATIVE, AND IN 2017 INCLUDED PARTNERSHIPS WITH FRIENDS OF ZENGER FARM, THE FIT PROJECT, AND AMERICAN DIA BETES ASSOCIATION THE FIT PROJECT HAS BEEN ACTIVELY WORKING WITH PROVIDENCE, A CONSULTANT , AND OTHER HEALTHCARE PROVIDERS TO IMPROVE ACCESS TO, AND UTILIZATION OF, ITS SIX-MONTH F AMILY-BASED WELLNESS INTERVENTION, WHICH INCLUDES MOTIVATIONAL INTERVIEWING, NUTRITION COA CHING, AND GYM ACCESS FRIENDS

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 11	OF ZENGER FARM IMPLEMENTED A "CSA PARTNERSHIPS FOR HEALTH" PROGRAM IN PARTNERSHIP WITH MU LTNOMAH COUNTY HEALTH DEPARTMENT AND ACTIVE CHILDREN PORTLAND THE PROJECT ACCEPTS REFERRA LS FOR INDIVIDUALS AND FAMILIES WITH DIET-RELATED CHRONIC CONDITIONS FROM MCHD AND PROVIDE S THEM WITH A CSA SHARE THE CSA IS A WEEKLY VEGETABLE SUBSCRIPTION (OR PRESCRIPTION IN TH IS CASE) WHERE CUSTOMERS (PATIENTS) RECEIVE A WEEK'S WORTH OF VEGETABLES DIRECTLY FROM A L OCAL FARMER THE FARMER MEETS THE PATIENT AT THEIR LOCAL CLINIC ON A SPECIFIED DATE AND TI ME TO DISTRIBUTE VEGETABLES THE CSA SHARE INCLUDES 8-12 DIFFERENT SEASONAL VEGETABLES AND FRUITS SUFFICIENT TO FEED A FAMILY OF 3-4 FOR ONE WEEK PORTLAND STATE UNIVERSITY CONTINU ES IN THE PROGRAM EVALUATION, WHICH WILL TRACK CHANGES IN HEALTH BEHAVIORS AND CLINICAL OU TCOMES OVER TIME THE AMERICAN DIABETES ASSOCIATION (ADA) WAS FUNDED TO PARTNER WITH THE D AVID DOUGLAS SCHOOL DISTRICT (DDSD), COORDINATED APPROACH TO CHILD HEALTH (CATCH) AND SQOR D TO DEVELOP TO IMPLEMENT "LET'S PLAY PORTLAND!" THIS PROGRAM FOCUSES ON THE 1150 STUDENT S AT 2 DDSD K-5 SCHOOLS, MENLO PARK AND LINCOLN PARK THE PRIMARY PROGRAM GOALS ARE 1) TH E PREVENTION AND MANAGEMENT OF CHILDHOOD OBESITY AND CHRONIC CONDITIONS THROUGH WELLNESS A ND NUTRITION EDUCATION AND PHYSICAL ACTIVITY, AND 2) MEASURABLE INCREASE IN THE PHYSICAL A CTIVITY OF 3RD, 4TH AND 5TH GRADE STUDENTS PROVIDENCE DIRECTLY PROVIDED DIABETES EDUCATION CLASSES, STAFF TIME AT COMMUNITY EVENTS, SUPPORT GROUPS, CAREGIVER SUPPORT AND TRAINING P ROGRAMS, PATIENT SUPPORT FOR SAFE AND SECURE DISCHARGE FOR THE FIRST THIRTY DAYS IN PARTNE RSHIP WITH PROJECT ACCESS NOW, AND SPORTS PHYSICALS FOR STUDENTS WHO COULD OTHERWISE NOT A FFORD THEM PROVIDENCE ALSO PROVIDES PLACEMENT AND SUPERVISION FOR RESIDENCY PROGRAMS, NUR SING PROGRAMS, PHYSICAL THERAPY, AND COMMUNITY PARAMEDIC TRAINING ADDITIONALLY, PROVIDENC E CONTINUED ITS COMMITMENT TO THE PARISH HEALTH PROMOTER PROGRAM (PROMOTORES), WHICH PROVI DES CULTURALLY COMPETENT TRAINING AND CARE FOR SPANISH-SPEAKING MEMBERS OF THE COMMUNITY T HROUGH OUTREACH AND EDUCATION, INCLUDING HOSTING TELEHEALTH EVENTS TO IMPROVE ACCESS TO PR EVENTIVE CARE PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROLLMENT ASSISTANCE FOR INDIVIDUALS WHO ARE NOT YET INSURED BUT WISH TO BE THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON ADDITIONAL ISSUES, AND PH&S-OR IS AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABORATIVE EFFORTS T HAT ARE WORKING TO ADDRESS OTHER NEEDS IDENTIFIED

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

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 16j	THE FAP SIGNAGE AND INFORMATION ARE INCLUDED ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PHS - OREGON (GROUP A - 1-3 & 8) Part V, Section B, line 24	IF THE SERVICES WERE NOT MEDICALLY NECESSARY OR WERE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY, THEY WERE BILLED AT THE GROSS CHARGE

Form 990 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 - DIABETES LEARNING CENTER 1698 E MCANDREWS MEDFORD, OR 97504	EDUCATION
1	2 - PROVIDENCE CENTER FOR HEALTH CARE ETHICS 9445 SW BARNES ROAD PORTLAND, OR 97225	EDUCATION
2	3 - PROVIDENCE DIABETES AND HEALTH EDUCATION 9340 SW BARNES ROAD STE 200 PORTLAND, OR 97225	EDUCATION
3	4 - PROVIDENCE HOOD RIVER HEALTH SERVICES BU 1151 MAY ST HOOD RIVER, OR 97031	EDUCATION
4	5 - PROVIDENCE SEASIDE-DIABETES EDUCATION 725 S WAHANNA ROAD SEASIDE, OR 97138	EDUCATION
5	6 - EASTERN OREGON CORRECTIONAL INSTITUTION 2500 WESTGATE PENDLETON, OR 97801	EXPRESS CARE
6	7 - LABOR AND INDUSTRIES BUILDING 350 WINTER ST NE SALEM, OR 97309	EXPRESS CARE
7	8 - PROVIDENCE EXPRESS CARE AT WALGREENS FIS 1905 SE 164TH AVE VANCOUVER, WA 98683	EXPRESS CARE
8	9 - PROVIDENCE EXPRESS CARE AT WALGREENS GLI 17979 NE GLISAN ST GRESHAM, OR 97230	EXPRESS CARE
9	10 - PROVIDENCE EXPRESS CARE AT WALGREENS HAP 11995 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97015	EXPRESS CARE
10	11 - PROVIDENCE EXPRESS CARE AT WALGREENS HIL 955 SE BASELINE ST HILLSBORO, OR 97124	EXPRESS CARE
11	12 - PROVIDENCE EXPRESS CARE AT WALGREENS MIL 14617 SE MCLOUGHLIN BLVD PORTLAND, OR 97267	EXPRESS CARE
12	13 - PROVIDENCE EXPRESS CARE AT WALGREENS MUR 14600 SW MURRAY SCHOLLS DR BEAVERTON, OR 97007	EXPRESS CARE
13	14 - PROVIDENCE EXPRESS CARE AT WALGREENS POW 4285 W POWELL BLVD GRESHAM, OR 97030	EXPRESS CARE
14	15 - PROVIDENCE EXPRESS CARE AT WALGREENS RAL 7280 SW BEAVERTON HILLSDALE HWY PORTLAND, OR 97225	EXPRESS CARE

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 EXPRESS CARE AT WALGREENS SAL 2100 NE 139TH ST VANCOUVER, WA 98686	EXPRESS CARE
1	17 - PROVIDENCE EXPRESS CARE KIOSK MEDFORD 1698 E MCANDREWS MEDFORD, OR 97504	EXPRESS CARE
2	18 - PROVIDENCE EXPRESS CARE NORTH LOMBARD 5300 N LOMBARD ST STE 102 PORTLAND, OR 97203	EXPRESS CARE
3	19 - PROVIDENCE EXPRESS CARE PEARL DISTRICT 1025 NW 14TH AVE PORTLAND, OR 97209	EXPRESS CARE
4	20 - PROVIDENCE EXPRESS CARE-INTERSTATE 4340 N INTERSTATE AVE PORTLAND, OR 97217	EXPRESS CARE
5	21 - PROVIDENCE EXPRESS CARE-KRUSE WAY 4823 MEADOWS ROAD STE 127 LAKE OSWEGO, OR 97035	EXPRESS CARE
6	22 - TWO RIVERS CORRECTIONAL INSTITUTION 82911 BEACH ACCESS ROAD UMATILLA, OR 97882	EXPRESS CARE
7	23 - OREGON ADVANCED IMAGING AT NAVIGATOR'S L 881 OHARE PARKWAY MEDFORD, OR 97504	IMAGING CENTER
8	24 - PROVIDENCE PORTLAND DIAGNOSTIC IMAGING 10538 SE WASHINGTON ST PORTLAND, OR 97216	IMAGING CENTER
9	25 - PROVIDENCE LABORATORY - NORTH BANK PATIE 700 BELLEVUE STREET SE STE 140 SALEM, OR 97301	LAB
10	26 - PROVIDENCE LABORATORY AND RADIOLOGY 940 ROYAL AVE MEDFORD, OR 97504	LAB
11	27 - PROVIDENCE LABORATORY AT PROVIDENCE BETH 15640 NW LAIDLAW ROAD PORTLAND, OR 97229	LAB
12	28 - PROVIDENCE LABORATORY AT PROVIDENCE BRID 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	LAB
13	29 - PROVIDENCE LABORATORY AT PROVIDENCE CAMA 3101 SE 192ND AVE VANCOUVER, WA 98663	LAB
14	30 - PROVIDENCE LABORATORY AT PROVIDENCE CLAC 9290 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	LAB

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - PROVIDENCE LABORATORY AT PROVIDENCE GATE 1321 NE 99TH AVE PORTLAND, OR 97220	LAB
1	32 - PROVIDENCE LABORATORY AT PROVIDENCE HAPP 16180 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97015	LAB
2	33 - PROVIDENCE LABORATORY AT PROVIDENCE HOOD 1304 MONTELLO AVE HOOD RIVER, OR 97031	LAB
3	34 - PROVIDENCE LABORATORY AT PROVIDENCE HOOD 810 12TH ST HOOD RIVER, OR 97031	LAB
4	35 - PROVIDENCE LABORATORY AT PROVIDENCE MEDF 1111 CRATER LAKE AVE MEDFORD, OR 97504	LAB
5	36 - PROVIDENCE LABORATORY AT PROVIDENCE MEDI 870 S FRONT ST CENTRAL POINT, OR 97502	LAB
6	37 - PROVIDENCE LABORATORY AT PROVIDENCE MEDI 4015 MERCANTILE DRIVE LAKE OSWEGO, OR 97035	LAB
7	38 - PROVIDENCE LABORATORY AT PROVIDENCE MEDI 315 SE STONE MILL DRIVE VANCOUVER, WA 98684	LAB
8	39 - PROVIDENCE LABORATORY AT PROVIDENCE MEDI 16770 SW EDY ROAD SHERWOOD, OR 97140	LAB
9	40 - PROVIDENCE LABORATORY AT PROVIDENCE MERC 4035 SW MERCANTILE DRIVE STE 101 LAKE OSWEGO, OR 97035	LAB
10	41 - PROVIDENCE LABORATORY AT PROVIDENCE MILW 10330 SE 32ND AVE MILWAUKIE, OR 97222	LAB
11	42 - PROVIDENCE LABORATORY AT PROVIDENCE MILW 10150 SE 32ND AVE MILWAUKIE, OR 97222	LAB
12	43 - PROVIDENCE LABORATORY AT PROVIDENCE NEWB 1001 PROVIDENCE DRIVE NEWBERG, OR 97132	LAB
13	44 - PROVIDENCE LABORATORY AT PROVIDENCE PATI 1021 JUNE ST HOOD RIVER, OR 97031	LAB
14	45 - PROVIDENCE LABORATORY AT PROVIDENCE PROF 5050 NE HOYT ST PORTLAND, OR 97213	LAB

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - PROVIDENCE LABORATORY AT PROVIDENCE SCHO 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	LAB
1	47 - PROVIDENCE LABORATORY AT PROVIDENCE SEAS 725 S WAHANNA ROAD SEASIDE, OR 97138	LAB
2	48 - PROVIDENCE LABORATORY AT PROVIDENCE ST 9205 SW BARNES ROAD PORTLAND, OR 97225	LAB
3	49 - PROVIDENCE LABORATORY AT PROVIDENCE SUNS 417 SW 117TH AVE PORTLAND, OR 97225	LAB
4	50 - PROVIDENCE LABORATORY AT PROVIDENCE TANA 18610 NW CORNELL ROAD HILLSBORO, OR 97124	LAB
5	51 - PROVIDENCE LABORATORY AT PROVIDENCE WILL 200 S HAZEL DELL WAY CANBY, OR 97013	LAB
6	52 - PROVIDENCE LABORATORY AT PROVIDENCE WILL 1500 DIVISION ST OREGON CITY, OR 97045	LAB
7	53 - PROVIDENCE LABORATORY AT PROVIDENCE WILL 1508 DIVISION ST OREGON CITY, OR 97045	LAB
8	54 - PROVIDENCE LABORATORY AT THE OREGON CLIN 1111 NE 99TH AVE PORTLAND, OR 97220	LAB
9	55 - PROVIDENCE LABORATORY-HEALTH SERVICES BU 1108 JUNE STREET HOOD RIVER, OR 97031	LAB
10	56 - PROVIDENCE MARION COUNTY LAB 431 LANCASTER DRIVE NE SALEM, OR 97301	LAB
11	57 - PROVIDENCE CENTER FOR OCCUPATIONAL MEDIC 1390 BIDDLE ROAD STE 101 MEDFORD, OR 97504	OCCUPATIONAL MEDICINE
12	58 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 917 11TH ST STE 200 HOOD RIVER, OR 97031	OCCUPATIONAL MEDICINE
13	59 - PROVIDENCE OCCUPATIONAL HEALTH CLACKAMA 9290 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	OCCUPATIONAL MEDICINE
14	60 - PROVIDENCE OCCUPATIONAL HEALTH NORTHWES 1750 NW NAITO PARKWAY PORTLAND, OR 97209	OCCUPATIONAL MEDICINE

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

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

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

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

	Name and address	Type of Facility (describe)
61	61 - PROVIDENCE OCCUPATIONAL HEALTH TANASBOU 18610 NW CORNELL ROAD HILLSBORO, OR 97124	OCCUPATIONAL MEDICINE
1	62 - PROVIDENCE OCCUPATIONAL MEDICINE-MILL PL 315 SE STONE MILL DRIVE VANCOUVER, WA 98684	OCCUPATIONAL MEDICINE
2	63 - PROVIDENCE LONG-TERM CARE PHARMACY 6410 NE HALSEY ST PORTLAND, OR 97213	PHARMACY
3	64 - PROVIDENCE SEASIDE PHARMACY 725 S WAHANNA ROAD SEASIDE, OR 97138	PHARMACY
4	65 - PROVIDENCE MEDICAL GROUP LLOYD 839 NE HOLLADAY ST PORTLAND, OR 97232	PRIMARY CARE CLINIC
5	66 - PROVIDENCE MEDICAL GROUP-BATTLE GROUND F 101 NW 12TH AVE BATTLE GROUND, WA 98604	PRIMARY CARE CLINIC
6	67 - PROVIDENCE MEDICAL GROUP-BATTLE GROUND I 101 NW 12TH AVE BATTLE GROUND, WA 98604	PRIMARY CARE CLINIC
7	68 - PROVIDENCE MEDICAL GROUP-BETHANY 15640 NW LAIDLAW ROAD PORTLAND, OR 97229	PRIMARY CARE CLINIC
8	69 - PROVIDENCE MEDICAL GROUP-BRIDGEPORT DERM 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	PRIMARY CARE CLINIC
9	70 - PROVIDENCE MEDICAL GROUP-BRIDGEPORT FAMI 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	PRIMARY CARE CLINIC
10	71 - PROVIDENCE MEDICAL GROUP-BRIDGEPORT IMME 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	PRIMARY CARE CLINIC
11	72 - PROVIDENCE MEDICAL GROUP-CAMAS 3101 SE 192ND AVE VANCOUVER, WA 98683	PRIMARY CARE CLINIC
12	73 - PROVIDENCE MEDICAL GROUP-CANBY 200 S HAZEL DELL WAY CANBY, OR 97013	PRIMARY CARE CLINIC
13	74 - PROVIDENCE MEDICAL GROUP-CANBY IMMEDIATE 200 S HAZEL DELL WAY CANBY, OR 97013	PRIMARY CARE CLINIC
14	75 - PROVIDENCE MEDICAL GROUP-CANNON BEACH - 171 N LARCH STE 16 CANNON BEACH, OR 97138	PRIMARY CARE CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
76	76 - PROVIDENCE MEDICAL GROUP-CASCADE 5050 NE HOYT ST PORTLAND, OR 97213	PRIMARY CARE CLINIC
1	77 - PROVIDENCE MEDICAL GROUP-CENTRAL POINT 870 S FRONT ST CENTRAL POINT, OR 97502	PRIMARY CARE CLINIC
2	78 - PROVIDENCE MEDICAL GROUP-DOCTORS CLINIC 1698 E MCANDREWS MEDFORD, OR 97504	PRIMARY CARE CLINIC
3	79 - PROVIDENCE MEDICAL GROUP-EAGLE POINT 1332 SHASTA AVE SUITE A EAGLE POINT, OR 97524	PRIMARY CARE CLINIC
4	80 - PROVIDENCE MEDICAL GROUP-EAGLE POINT PED 10830 OLD HIGHWAY 62 EAGLE POINT, OR 97524	PRIMARY CARE CLINIC
5	81 - PROVIDENCE MEDICAL GROUP-ESTHER SHORT 700 WASHINGTON ST STE 105 VANCOUVER, WA 98660	PRIMARY CARE CLINIC
6	82 - PROVIDENCE MEDICAL GROUP-GATEWAY FAMILY 1321 NE 99TH AVE PORTLAND, OR 97220	PRIMARY CARE CLINIC
7	83 - PROVIDENCE MEDICAL GROUP-GATEWAY IMMEDIA 1321 NE 99TH AVE PORTLAND, OR 97220	PRIMARY CARE CLINIC
8	84 - PROVIDENCE MEDICAL GROUP-GATEWAY INTERNA 1321 NE 99TH AVE PORTLAND, OR 97220	PRIMARY CARE CLINIC
9	85 - PROVIDENCE MEDICAL GROUP-GLISAN 5330 NE GLISAN ST PORTLAND, OR 97213	PRIMARY CARE CLINIC
10	86 - PROVIDENCE MEDICAL GROUP-GRESHAM 440 NW DIVISION STREET GRESHAM, OR 97030	PRIMARY CARE CLINIC
11	87 - PROVIDENCE MEDICAL GROUP-HAPPY VALLEY 16180 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97015	PRIMARY CARE CLINIC
12	88 - PROVIDENCE MEDICAL GROUP-HAPPY VALLEY IM 16180 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97015	PRIMARY CARE CLINIC
13	89 - PROVIDENCE MEDICAL GROUP-HILLSBORO 265 SE OAK ST HILLSBORO, OR 97123	PRIMARY CARE CLINIC
14	90 - PROVIDENCE MEDICAL GROUP-MEDFORD FAMILY 1698 E MCANDREWS MEDFORD, OR 97504	PRIMARY CARE CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
91	91 - PROVIDENCE MEDICAL GROUP-MEDFORD MEDICAL 965 ELLENDALE DR MEDFORD, OR 97504	PRIMARY CARE CLINIC
1	92 - PROVIDENCE MEDICAL GROUP-MEDFORD PEDIATR 840 ROYAL AVE MEDFORD, OR 97504	PRIMARY CARE CLINIC
2	93 - PROVIDENCE MEDICAL GROUP-MERCANTILE 4015 MERCANTILE DRIVE LAKE OSWEGO, OR 97035	PRIMARY CARE CLINIC
3	94 - PROVIDENCE MEDICAL GROUP-MILL PLAIN 315 SE STONE MILL DRIVE VANCOUVER, WA 98684	PRIMARY CARE CLINIC
4	95 - PROVIDENCE MEDICAL GROUP-MILWAUKIE 10330 SE 32ND AVE MILWAUKIE, OR 97222	PRIMARY CARE CLINIC
5	96 - PROVIDENCE MEDICAL GROUP-MOLALLA 110 CENTER AVE MOLALLA, OR 97038	PRIMARY CARE CLINIC
6	97 - PROVIDENCE MEDICAL GROUP-NORTH PORTLAND 4920 N INTERSTATE AVE PORTLAND, OR 97217	PRIMARY CARE CLINIC
7	98 - PROVIDENCE MEDICAL GROUP-NORTHEAST 5050 NE HOYT ST PORTLAND, OR 97213	PRIMARY CARE CLINIC
8	99 - PROVIDENCE MEDICAL GROUP-OREGON CITY 1510 DIVISION ST OREGON CITY, OR 97045	PRIMARY CARE CLINIC
9	100 - PROVIDENCE MEDICAL GROUP-OREGON CITY GEN 1510 DIVISION ST OREGON CITY, OR 97045	PRIMARY CARE CLINIC
10	101 - PROVIDENCE MEDICAL GROUP-ORENCO 5555 NE ELAM YOUNG PARKWAY HILLSBORO, OR 97124	PRIMARY CARE CLINIC
11	102 - PROVIDENCE MEDICAL GROUP-PHOENIX FAMILY 205 FERN VALLEY ROAD PHOENIX, OR 97535	PRIMARY CARE CLINIC
12	103 - PROVIDENCE MEDICAL GROUP-SCHOLLS FAMILY 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	PRIMARY CARE CLINIC
13	104 - PROVIDENCE MEDICAL GROUP-SCHOLLS IMMEDIA 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	PRIMARY CARE CLINIC
14	105 - PROVIDENCE MEDICAL GROUP-SCHOLLS INTERNA 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	PRIMARY CARE CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
106	106 - PROVIDENCE MEDICAL GROUP-SEASIDE 725 S WAHANNA ROAD SEASIDE, OR 97138	PRIMARY CARE CLINIC
1	107 - PROVIDENCE MEDICAL GROUP-SHERWOOD IMMEDI 16770 SW EDY ROAD SHERWOOD, OR 97140	PRIMARY CARE CLINIC
2	108 - PROVIDENCE MEDICAL GROUP-SOUTHEAST 4104 SE 82ND AVE SUITE 250 PORTLAND, OR 97266	PRIMARY CARE CLINIC
3	109 - PROVIDENCE MEDICAL GROUP-SOUTHWEST PEDIA 9427 SW BARNES ROAD PORTLAND, OR 97225	PRIMARY CARE CLINIC
4	110 - PROVIDENCE MEDICAL GROUP-ST VINCENT 9205 SW BARNES ROAD PORTLAND, OR 97225	PRIMARY CARE CLINIC
5	111 - PROVIDENCE MEDICAL GROUP-SUNNYSIDE 9290 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	PRIMARY CARE CLINIC
6	112 - PROVIDENCE MEDICAL GROUP-SUNSET INTERNAL 417 SW 117TH AVE PORTLAND, OR 97225	PRIMARY CARE CLINIC
7	113 - PROVIDENCE MEDICAL GROUP-TANASBOURNE 18610 NW CORNELL ROAD HILLSBORO, OR 97124	PRIMARY CARE CLINIC
8	114 - PROVIDENCE MEDICAL GROUP-TANASBOURNE IMM 18610 NW CORNELL ROAD HILLSBORO, OR 97124	PRIMARY CARE CLINIC
9	115 - PROVIDENCE MEDICAL GROUP-THE PLAZA 5050 NE HOYT ST PORTLAND, OR 97213	PRIMARY CARE CLINIC
10	116 - PROVIDENCE MEDICAL GROUP-WARRENTON 171 S HWY 101 WARRENTON, OR 97146	PRIMARY CARE CLINIC
11	117 - PROVIDENCE MEDICAL GROUP-WEST LINN 1899 BLANKENSHIP ROAD WEST LINN, OR 97068	PRIMARY CARE CLINIC
12	118 - PROVIDENCE MEDICAL GROUP-WILSONVILLE 29345 SW TOWN CENTER LOOP EAST WILSONVILLE, OR 97070	PRIMARY CARE CLINIC
13	119 - PROVIDENCE BETHANY REHAB 15640 NW LAIDLAW ROAD PORTLAND, OR 97229	REHAB & PHYSICAL THERAPY
14	120 - PROVIDENCE BRIDGEPORT REHAB AND SPORTS T 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	REHAB & PHYSICAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
121	121 - PROVIDENCE CAMAS REHAB AND SPORTS THERAP 3101 SE 192ND AVE VANCOUVER, WA 98683	REHAB & PHYSICAL THERAPY
1	122 - PROVIDENCE CANBY REHAB AND SPORTS THERAP 200 S HAZEL DELL WAY CANBY, OR 97013	REHAB & PHYSICAL THERAPY
2	123 - PROVIDENCE CARDIAC REHABILITATION CENTER 9205 SW BARNES ROAD PORTLAND, OR 97225	REHAB & PHYSICAL THERAPY
3	124 - PROVIDENCE CENTRAL POINT PHYSICAL THERAP 870 S FRONT ST CENTRAL POINT, OR 97502	REHAB & PHYSICAL THERAPY
4	125 - PROVIDENCE CHILDREN'S DEVELOPMENT INSTIT 830 NE 47TH AVE PORTLAND, OR 97213	REHAB & PHYSICAL THERAPY
5	126 - PROVIDENCE CHILDREN'S DEVELOPMENT INSTIT 270 NW BURNSIDE ST GRESHAM, OR 97030	REHAB & PHYSICAL THERAPY
6	127 - PROVIDENCE CHILDREN'S DEVELOPMENT INSTIT 310 VILLA ROAD NEWBERG, OR 97132	REHAB & PHYSICAL THERAPY
7	128 - PROVIDENCE CHILDREN'S DEVELOPMENT INSTIT 9155 SW BARNES ROAD PORTLAND, OR 97225	REHAB & PHYSICAL THERAPY
8	129 - PROVIDENCE CLACKAMAS REHAB 9290 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	REHAB & PHYSICAL THERAPY
9	130 - PROVIDENCE DOWNTOWN REHAB 1305 SW FIRST AVE PORTLAND, OR 97201	REHAB & PHYSICAL THERAPY
10	131 - PROVIDENCE EAGLE POINT PHYSICAL THERAPY 155 ALTA VISTA ROAD EAGLE POINT, OR 97524	REHAB & PHYSICAL THERAPY
11	132 - PROVIDENCE GATEWAY REHAB 1111 NE 99TH AVE PORTLAND, OR 97220	REHAB & PHYSICAL THERAPY
12	133 - PROVIDENCE GORGE SPINE AND SPORTS MEDICI 731 POMONA STREET THE DALLES, OR 97058	REHAB & PHYSICAL THERAPY
13	134 - PROVIDENCE GORGE SPINE AND SPORTS MEDICI 1627 WOODS COURT HOOD RIVER, OR 97031	REHAB & PHYSICAL THERAPY
14	135 - PROVIDENCE GRESHAM REHAB AND SPORTS THER 270 NW BURNSIDE ST GRESHAM, OR 97030	REHAB & PHYSICAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
136	136 - PROVIDENCE HAPPY VALLEY REHAB AND SPORTS 16180 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97086	REHAB & PHYSICAL THERAPY
1	137 - PROVIDENCE MACADAM AQUATIC CENTER 5757 SW MACADAM AVE PORTLAND, OR 97213	REHAB & PHYSICAL THERAPY
2	138 - PROVIDENCE MEDFORD MEDICAL CENTER OUTPAT 1111 CRATER LAKE AVE MEDFORD, OR 97504	REHAB & PHYSICAL THERAPY
3	139 - PROVIDENCE MEDICAL GROUP-PHYSIATRY SOUT 827 SPRING ST MEDFORD, OR 97504	REHAB & PHYSICAL THERAPY
4	140 - PROVIDENCE MEDICAL GROUP-SPORTS CARE 909 SW 18TH AVE PORTLAND, OR 97205	REHAB & PHYSICAL THERAPY
5	141 - PROVIDENCE MILWAUKIE HEALING PLACE REHAB 10330 SE 32ND AVE MILWAUKIE, OR 97222	REHAB & PHYSICAL THERAPY
6	142 - PROVIDENCE NEWBERG PHYSICAL THERAPY AND 500 VILLA ROAD NEWBERG, OR 97132	REHAB & PHYSICAL THERAPY
7	143 - PROVIDENCE NEWBERG REHAB AND PEDIATRIC S 310 VILLA ROAD NEWBERG, OR 97132	REHAB & PHYSICAL THERAPY
8	144 - PROVIDENCE NORTHEAST REHABILITATION 507 NE 47TH AVE PORTLAND, OR 97213	REHAB & PHYSICAL THERAPY
9	145 - PROVIDENCE ORENCO REHABILITATION SERVICE 5555 NE ELAM YOUNG PARKWAY HILLSBORO, OR 97124	REHAB & PHYSICAL THERAPY
10	146 - PROVIDENCE ORTHOPEDIC THERAPY SOUTHERN 1111 CRATER LAKE AVE MEDFORD, OR 97504	REHAB & PHYSICAL THERAPY
11	147 - PROVIDENCE PHYSIATRY CLINIC 507 NE 47TH AVE PORTLAND, OR 97213	REHAB & PHYSICAL THERAPY
12	148 - PROVIDENCE PHYSIATRY CLINIC-WEST 9135 SW BARNES ROAD PORTLAND, OR 97225	REHAB & PHYSICAL THERAPY
13	149 - PROVIDENCE REHABILITATION AND HOME SERVI 3621 N HIGHWAY 101 GEARHART, OR 97138	REHAB & PHYSICAL THERAPY
14	150 - PROVIDENCE REHABILITATION SERVICES 3621 N HIGHWAY 101 GEARHART, OR 97138	REHAB & PHYSICAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
151	151 - PROVIDENCE REHABILITATION SERVICES 500 VILLA ROAD NEWBERG, OR 97132	REHAB & PHYSICAL THERAPY
1	152 - PROVIDENCE SCHOLLS REHAB 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	REHAB & PHYSICAL THERAPY
2	153 - PROVIDENCE SHERWOOD REHAB AND SPORTS THE 16770 SW EDY ROAD SHERWOOD, OR 97140	REHAB & PHYSICAL THERAPY
3	154 - PROVIDENCE SPORTS CARE CENTER 909 SW 18TH AVE PORTLAND, OR 97205	REHAB & PHYSICAL THERAPY
4	155 - PROVIDENCE ST VINCENT REHAB 9135 SW BARNES ROAD PORTLAND, OR 97225	REHAB & PHYSICAL THERAPY
5	156 - PROVIDENCE ST VINCENT SPORTS THERAPY 9135 SW BARNES ROAD PORTLAND, OR 97225	REHAB & PHYSICAL THERAPY
6	157 - PROVIDENCE TANASBOURNE REHAB AND SPORTS 18650 NW CORNELL ROAD HILLSBORO, OR 97124	REHAB & PHYSICAL THERAPY
7	158 - PROVIDENCE WILLAMETTE FALLS REHAB 1500 DIVISION ST OREGON CITY, OR 97045	REHAB & PHYSICAL THERAPY
8	159 - PROVIDENCE WILSONVILLE SPORTS THERAPY 29345 SW TOWN CENTER LOOP EAST WILSONVILLE, OR 97070	REHAB & PHYSICAL THERAPY
9	160 - PROVIDENCE WORKER REHABILITATION 1750 NW NAITO PARKWAY PORTLAND, OR 97209	REHAB & PHYSICAL THERAPY
10	161 - WILLAMETTE VIEW POOL 12705 SE RIVER ROAD MILWAUKIE, OR 97222	REHAB & PHYSICAL THERAPY
11	162 - PROVIDENCE BENEDICTINE NURSING CENTER 540 S MAIN ST MOUNT ANGEL, OR 97362	SENIOR CARE
12	163 - PROVIDENCE BENEDICTINE ORCHARD HOUSE PER 550 S MAIN ST MOUNT ANGEL, OR 97362	SENIOR CARE
13	164 - PROVIDENCE BROOKSIDE MANOR 1550 BROOKSIDE DRIVE HOOD RIVER, OR 97031	SENIOR CARE
14	165 - PROVIDENCE DETHMAN MANOR 1205 MONTELLO HOOD RIVER, OR 97031	SENIOR CARE

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

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

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

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

	Name and address	Type of Facility (describe)
166	166 - PROVIDENCE DOWN MANOR 1950 STERLING PLACE HOOD RIVER, OR 97031	SENIOR CARE
1	167 - PROVIDENCE ELDERPLACE ADMINISTRATION 4531 SE BELMONT ST PORTLAND, OR 97215	SENIOR CARE
2	168 - PROVIDENCE ELDERPLACE AT LAMBERT HOUSE 2600 SE 170TH AVE PORTLAND, OR 97236	SENIOR CARE
3	169 - PROVIDENCE ELDERPLACE AT THE MARIE SMITH 4616 N ALBINA PORTLAND, OR 97217	SENIOR CARE
4	170 - PROVIDENCE ELDERPLACE BEAVERTON 14255 SW BRIGADOON COURT BEAVERTON, OR 97005	SENIOR CARE
5	171 - PROVIDENCE ELDERPLACE CULLY 5119 NE 57TH AVE PORTLAND, OR 97218	SENIOR CARE
6	172 - PROVIDENCE ELDERPLACE GLENDOVEER 13007 NE GLISAN ST PORTLAND, OR 97230	SENIOR CARE
7	173 - PROVIDENCE ELDERPLACE GRESHAM 17727 E BURNSIDE ST PORTLAND, OR 97233	SENIOR CARE
8	174 - PROVIDENCE ELDERPLACE IN NORTH COAST 1150 NORTH ROOSEVELT DRIVE STE 104 SEASIDE, OR 97138	SENIOR CARE
9	175 - PROVIDENCE ELDERPLACE IRVINGTON VILLAGE 420 NE MASON ST PORTLAND, OR 97211	SENIOR CARE
10	176 - PROVIDENCE ELDERPLACE LAURELHURST 4540 NE GLISAN ST PORTLAND, OR 97213	SENIOR CARE
11	177 - PROVIDENCE ELDERPLACE MILWAUKIE 10330 SE 32ND AVE MILWAUKIE, OR 97222	SENIOR CARE
12	178 - 9450 SW BARNES ROAD IN THE SUNSET BUSINE 9450 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
13	179 - BRADLEY J STUVLAND INTEGRATIVE MEDICINE 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
14	180 - CENTER FOR ADVANCED HEART DISEASE EASTS 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
181	181 - CENTER FOR ADVANCED HEART DISEASE WESTS 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
1	182 - CENTER FOR ADVANCED TREATMENT OF ATRIAL 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
2	183 - CHILDREN'S INPATIENT CARE UNIT - PROVIDE 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
3	184 - CLACKAMAS RADIATION ONCOLOGY CENTER 9280 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	SPECIALTY CLINIC
4	185 - COLUMBIA GORGE HEART CLINIC WHITE SALMO 211 NE SKYLINE DR WHITE SALMON, WA 98672	SPECIALTY CLINIC
5	186 - DIRECT ACCESS COLONOSCOPY CLINIC AT PROV 10150 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
6	187 - GERRY FRANK CENTER FOR CHILDREN'S CARE 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
7	188 - LEILA J EISENSTEIN BREAST CENTER 1698 E MCANDREWS MEDFORD, OR 97504	SPECIALTY CLINIC
8	189 - MOTHER BABY POSTPARTUM CLINIC AT PROVIDE 10150 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
9	190 - NORTHWEST CARDIOLOGISTS PC-HILLSBORO 333 SE 7TH AVE STE 5200 HILLSBORO, OR 97123	SPECIALTY CLINIC
10	191 - NORTHWEST CARDIOLOGISTS PC-PROVIDENCE S 9155 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
11	192 - NORTHWEST VASCULAR CONSULTANTS INC 9701 SW BARNES ROAD STE 140 PORTLAND, OR 97225	SPECIALTY CLINIC
12	193 - PACIFIC VASCULAR SPECIALISTS 9155 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
13	194 - PROVIDENCE ANTICOAGULATION CLINIC AT PRO 1304 MONTELLO AVE HOOD RIVER, OR 97031	SPECIALTY CLINIC
14	195 - PROVIDENCE ANTICOAGULATION CLINIC AT PRO 1108 JUNE STREET HOOD RIVER, OR 97031	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
196	196 - PROVIDENCE ARRHYTHMIA SERVICES AT PROVID 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
1	197 - PROVIDENCE ARRHYTHMIA SERVICES AT PROVID 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
2	198 - PROVIDENCE BEGINNINGS 447 NE 47TH AVE STE 200 PORTLAND, OR 97213	SPECIALTY CLINIC
3	199 - PROVIDENCE BIRTHPLACE-MEDFORD 1111 CRATER LAKE AVE MEDFORD, OR 97504	SPECIALTY CLINIC
4	200 - PROVIDENCE BRAIN AND SPINE INSTITUTE-PRO 810 12TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
5	201 - PROVIDENCE BRAIN AND SPINE INSTITUTEPRO 10150 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
6	202 - PROVIDENCE BRAIN AND SPINE INSTITUTEPRO 1001 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
7	203 - PROVIDENCE BRAIN AND SPINE INSTITUTEPRO 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
8	204 - PROVIDENCE BRAIN AND SPINE INSTITUTE-PRO 725 S WAHANNA ROAD SEASIDE, OR 97138	SPECIALTY CLINIC
9	205 - PROVIDENCE BRAIN AND SPINE INSTITUTEPRO 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
10	206 - PROVIDENCE BRAIN AND SPINE INSTITUTE-PRO 1500 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
11	207 - PROVIDENCE BREAST CARE CLINIC-EAST (PROV 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
12	208 - PROVIDENCE BREAST CARE CLINIC-WEST 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
13	209 - PROVIDENCE CANCER CENTER INFUSION-EASTSI 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
14	210 - PROVIDENCE CANCER CENTER INFUSION-WESTSI 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
211	211 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 1003 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
1	212 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 1510 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
2	213 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
3	214 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 9280 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	SPECIALTY CLINIC
4	215 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
5	216 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 810 12TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
6	217 - PROVIDENCE CANCER CENTER ONCOLOGY AND HE 725 S WAHANNA ROAD SEASIDE, OR 97138	SPECIALTY CLINIC
7	218 - PROVIDENCE CANCER CENTER-SOUTHERN OREGON 940 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
8	219 - PROVIDENCE CANCER RISK ASSESSMENT AND PR 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
9	220 - PROVIDENCE CANCER RISK ASSESSMENT AND PR 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
10	221 - PROVIDENCE CARDIAC CONDITIONING CENTER 1151 MAY ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
11	222 - PROVIDENCE CARDIAC DEVICE AND MONITORING 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
12	223 - PROVIDENCE CARDIAC REHABILITATION CENTER 1111 CRATER LAKE AVE MEDFORD, OR 97504	SPECIALTY CLINIC
13	224 - PROVIDENCE CARDIAC REHABILITATION CENTER 1500 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
14	225 - PROVIDENCE CHILD AND ADOLESCENT PSYCHIAT 1500 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
226	226 - PROVIDENCE CHILD AND ADOLESCENT PSYCHIAT 1500 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
1	227 - PROVIDENCE CHILDREN'S EMERGENCY DEPARTME 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
2	228 - PROVIDENCE DENTAL ONCOLOGY AND ORAL MEDI 830 NE 47TH AVE PORTLAND, OR 97213	SPECIALTY CLINIC
3	229 - PROVIDENCE DENTAL ONCOLOGY AND ORAL MEDI 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
4	230 - PROVIDENCE DENTAL ONCOLOGY AND ORAL MEDI 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
5	231 - PROVIDENCE DYSPLASIA CLINIC EASTSIDE PO 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
6	232 - PROVIDENCE EAR NOSE THROAT AT COLUMBIA G 1619 WOODS CT HOOD RIVER, OR 97031	SPECIALTY CLINIC
7	233 - PROVIDENCE GYNECOLOGY CLINIC-WEST 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
8	234 - PROVIDENCE HEART CLINIC AT THE OREGON CL 1111 NE 99TH AVE PORTLAND, OR 97220	SPECIALTY CLINIC
9	235 - PROVIDENCE HEART CLINIC NORTH COAST AST 1355 EXCHANGE ST ASTORIA, OR 97103	SPECIALTY CLINIC
10	236 - PROVIDENCE HEART CLINIC NORTH COAST SEA 725 S WAHANNA ROAD SEASIDE, OR 97138	SPECIALTY CLINIC
11	237 - PROVIDENCE HEART CLINIC-BRIDGEPORT 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	SPECIALTY CLINIC
12	238 - PROVIDENCE HEART CLINIC-CARDIOVASCULAR S 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
13	239 - PROVIDENCE HEART CLINIC-CARDIOVASCULAR S 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
14	240 - PROVIDENCE HEART CLINIC-GRESHAM 440 NW DIVISION STREET GRESHAM, OR 97030	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
241	241 - PROVIDENCE HEART CLINIC-MCMINNVILLE 2185 NW SECOND ST STE A MCMINNVILLE, OR 97128	SPECIALTY CLINIC
1	242 - PROVIDENCE HEART CLINIC-MILWAUKIE 10330 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
2	243 - PROVIDENCE HEART CLINIC-WILLAMETTE FALLS 1510 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
3	244 - PROVIDENCE HOME HEALTH HOSPICE AND PALL 1515 PORTLAND ROAD NEWBERG, OR 97132	SPECIALTY CLINIC
4	245 - PROVIDENCE HOME MEDICAL EQUIPMENT 6410 NE HALSEY ST PORTLAND, OR 97213	SPECIALTY CLINIC
5	246 - PROVIDENCE HOME SERVICES SOUTHERN OREGO 2033 COMMERCE DRIVE MEDFORD, OR 97504	SPECIALTY CLINIC
6	247 - PROVIDENCE HOOD RIVER HEALTH SERVICES BU 1151 MAY ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
7	248 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 810 12TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
8	249 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 814 13TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
9	250 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 810 12TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
10	251 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1151 MAY ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
11	252 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1304 MONTELLO AVE HOOD RIVER, OR 97031	SPECIALTY CLINIC
12	253 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1108 JUNE STREET HOOD RIVER, OR 97031	SPECIALTY CLINIC
13	254 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL MT HOOD MEADOWS DRIVE PARKDALE, OR 97041	SPECIALTY CLINIC
14	255 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1151 MAY ST HOOD RIVER, OR 97031	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
256	256 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 902 12TH ST HOOD RIVER, OR 97031	SPECIALTY CLINIC
1	257 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1108 JUNE STREET HOOD RIVER, OR 97031	SPECIALTY CLINIC
2	258 - PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 1125 MAY ST STE 202 HOOD RIVER, OR 97031	SPECIALTY CLINIC
3	259 - PROVIDENCE INFECTIOUS DISEASE CONSULTANT 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
4	260 - PROVIDENCE INFECTIOUS DISEASE CONSULTANT 9155 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
5	261 - PROVIDENCE INFUSION AND HOME MEDICAL EQU 840 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
6	262 - PROVIDENCE INFUSION-EAST PORTLAND 6410 NE HALSEY ST PORTLAND, OR 97213	SPECIALTY CLINIC
7	263 - PROVIDENCE INFUSION-SALEM 2508 SE PRINGLE ROAD SALEM, OR 97302	SPECIALTY CLINIC
8	264 - PROVIDENCE LACTATION CLINIC AND STORE E 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
9	265 - PROVIDENCE LIVER CANCER CLINIC EAST POR 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
10	266 - PROVIDENCE LIVER CANCER CLINIC WEST POR 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
11	267 - PROVIDENCE MEDFORD MEDICAL CENTER-INTERV 1111 CRATER LAKE AVE MEDFORD, OR 97504	SPECIALTY CLINIC
12	268 - PROVIDENCE MEDICAL GROUP SUNSET DERMATOL 417 SW 117TH AVE PORTLAND, OR 97225	SPECIALTY CLINIC
13	269 - PROVIDENCE MEDICAL GROUP-ARTHRITIS CENTE 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
14	270 - PROVIDENCE MEDICAL GROUP-ASHLAND 1661 N HWY 99 STE 100 ASHLAND, OR 97520	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
271	271 - PROVIDENCE MEDICAL GROUP-CARDIOLOGY SOU 1698 E MCANDREWS MEDFORD, OR 97504	SPECIALTY CLINIC
1	272 - PROVIDENCE MEDICAL GROUP-CLACKAMAS DERMA 10151 SE SUNNYSIDE ROAD STE 240 CLACKAMAS, OR 97015	SPECIALTY CLINIC
2	273 - PROVIDENCE MEDICAL GROUP-DERMATOLOGIC SU 5330 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
3	274 - PROVIDENCE MEDICAL GROUP-EAR NOSE AND T 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	SPECIALTY CLINIC
4	275 - PROVIDENCE MEDICAL GROUP-EAR NOSE AND T 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	SPECIALTY CLINIC
5	276 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	SPECIALTY CLINIC
6	277 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 16180 SE SUNNYSIDE ROAD HAPPY VALLEY, OR 97015	SPECIALTY CLINIC
7	278 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	SPECIALTY CLINIC
8	279 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 16770 SW EDY ROAD SHERWOOD, OR 97140	SPECIALTY CLINIC
9	280 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 1698 E MCANDREWS MEDFORD, OR 97504	SPECIALTY CLINIC
10	281 - PROVIDENCE MEDICAL GROUP-GENERAL SURGERY 9290 SE SUNNYBROOK BLVD CLACKAMAS, OR 97015	SPECIALTY CLINIC
11	282 - PROVIDENCE MEDICAL GROUP-GLISAN DERMATOL 5330 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
12	283 - PROVIDENCE MEDICAL GROUP-MEDFORD MEDICAL 3225 HILLCREST PARK DR MEDFORD, OR 97504	SPECIALTY CLINIC
13	284 - PROVIDENCE MEDICAL GROUP-MEDFORD PULMONO 1698 E MCANDREWS MEDFORD, OR 97504	SPECIALTY CLINIC
14	285 - PROVIDENCE MEDICAL GROUP-NEUROLOGY ASSOC 10330 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
286	286 - PROVIDENCE MEDICAL GROUP-NEUROLOGY BRID 18040 SW LOWER BOONES FERRY ROAD TIGARD, OR 97224	SPECIALTY CLINIC
1	287 - PROVIDENCE MEDICAL GROUP-NEWBERG MULTI- 1003 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
2	288 - PROVIDENCE MEDICAL GROUP-OBGYN HEALTH C 940 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
3	289 - PROVIDENCE MEDICAL GROUP-OREGON CITY PUL 1510 DIVISION ST OREGON CITY, OR 97045	SPECIALTY CLINIC
4	290 - PROVIDENCE MEDICAL GROUP-ORTHOPEDICS SH 16770 SW EDY ROAD SHERWOOD, OR 97140	SPECIALTY CLINIC
5	291 - PROVIDENCE MEDICAL GROUP-SCHOLLS PEDIATR 12442 SW SCHOLLS FERRY ROAD TIGARD, OR 97223	SPECIALTY CLINIC
6	292 - PROVIDENCE MEDICAL GROUP-UROGYNECOLOGY C 940 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
7	293 - PROVIDENCE MEDICAL GROUP-VASCULAR AND GE 940 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
8	294 - PROVIDENCE MILWAUKIE HEALING PLACE 10330 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
9	295 - PROVIDENCE MILWAUKIE MEDICAL PLAZA 10202 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
10	296 - PROVIDENCE MOYAMOYA CENTER 9155 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
11	297 - PROVIDENCE NEONATAL INTENSIVE CARE UNIT- 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
12	298 - PROVIDENCE NEONATAL INTENSIVE CARE UNIT- 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
13	299 - PROVIDENCE NEUROLOGICAL SPECIALTIES-EAST 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
14	300 - PROVIDENCE NEUROLOGICAL SPECIALTIES-MILL 315 SE STONE MILL DRIVE VANCOUVER, WA 98684	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
301	301 - PROVIDENCE NEUROLOGICAL SPECIALTIES-WEST 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
1	302 - PROVIDENCE NEWBERG BIRTH CENTER 1001 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
2	303 - PROVIDENCE NEWBERG HEART CLINIC 1003 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
3	304 - PROVIDENCE NEWBERG HEART RHYTHM CONSULTA 1003 PROVIDENCE DRIVE NEWBERG, OR 97132	SPECIALTY CLINIC
4	305 - PROVIDENCE NEWBERG MEDICAL CENTER SLEEP 1515 PORTLAND ROAD NEWBERG, OR 97132	SPECIALTY CLINIC
5	306 - PROVIDENCE ONCOLOGY PALLIATIVE CARE CLIN 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
6	307 - PROVIDENCE ONCOLOGY PALLIATIVE CARE CLIN 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
7	308 - PROVIDENCE ORAL HEAD AND NECK CANCER CL 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
8	309 - PROVIDENCE OUTPATIENT NEUROLOGICAL THERA 1111 CRATER LAKE AVE MEDFORD, OR 97504	SPECIALTY CLINIC
9	310 - PROVIDENCE OUTPATIENT NUTRITION SERVICES 10150 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
10	311 - PROVIDENCE OUTPATIENT NUTRITION SERVICES 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
11	312 - PROVIDENCE OUTPATIENT NUTRITION SERVICES 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
12	313 - PROVIDENCE PEDIATRIC ENDOCRINOLOGY 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
13	314 - PROVIDENCE PEDIATRIC INFECTIOUS DISEASE 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
14	315 - PROVIDENCE PEDIATRIC INTENSIVE CARE UNIT 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
316	316 - PROVIDENCE PEDIATRIC NEUROLOGY-CHILD CEN 830 NE 47TH AVE PORTLAND, OR 97213	SPECIALTY CLINIC
1	317 - PROVIDENCE PEDIATRIC NEUROLOGY-LONGVIEW 971 11TH AVE LONGVIEW, WA 98632	SPECIALTY CLINIC
2	318 - PROVIDENCE PEDIATRIC NEUROLOGY-SALEM- SA 2478 13TH ST SE SALEM, OR 97302	SPECIALTY CLINIC
3	319 - PROVIDENCE PEDIATRIC NEUROLOGY-ST VINCE 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
4	320 - PROVIDENCE PEDIATRIC SURGERY ST VINCEN 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
5	321 - PROVIDENCE PORTLAND FAMILY MATERNITY CEN 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
6	322 - PROVIDENCE POSTPARTUM CARE CENTER 9155 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
7	323 - PROVIDENCE PSYCHIATRY CLINIC EAST 5251 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
8	324 - PROVIDENCE SEASIDE HOSPITAL OUTPATIENT I 725 S WAHANNA ROAD SEASIDE, OR 97138	SPECIALTY CLINIC
9	325 - PROVIDENCE SPECIALTY PEDIATRIC DENTAL CL 830 NE 47TH AVE PORTLAND, OR 97213	SPECIALTY CLINIC
10	326 - PROVIDENCE SPINE INSTITUTE 870 S FRONT ST CENTRAL POINT, OR 97502	SPECIALTY CLINIC
11	327 - PROVIDENCE ST VINCENT HEART CLINIC MIL 315 SE STONE MILL DRIVE VANCOUVER, WA 98684	SPECIALTY CLINIC
12	328 - PROVIDENCE ST VINCENT HEART CLINIC SW 625 9TH AVE LONGVIEW, WA 98632	SPECIALTY CLINIC
13	329 - PROVIDENCE ST VINCENT HEART CLINIC-HEAR 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
14	330 - PROVIDENCE ST VINCENT HEART CLINIC-TANA 18650 NW CORNELL ROAD HILLSBORO, OR 97124	SPECIALTY CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
331	331 - PROVIDENCE ST VINCENT MEDICAL CENTER FA 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
1	332 - PROVIDENCE THORACIC SURGERY-EAST - PROVI 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
2	333 - PROVIDENCE THORACIC SURGERY-WEST 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
3	334 - PROVIDENCE VALVE CENTER AT PROVIDENCE ST 9427 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
4	335 - PROVIDENCE WOMEN'S CLINIC EAST PORTLAND 2705 E BURNSIDE ST PORTLAND, OR 97214	SPECIALTY CLINIC
5	336 - PROVIDENCE WOMEN'S CLINIC MILWAUKIE 10330 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
6	337 - PROVIDENCE WOMEN'S CLINIC PROVIDENCE ST 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
7	338 - PROVIDENCE YOUTH SERVICES 205 NE 50TH AVE PORTLAND, OR 97213	SPECIALTY CLINIC
8	339 - RUTH J SPEAR BREAST CENTER 9205 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC
9	340 - SAFEWAY FOUNDATION BREAST CENTER 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
10	341 - SENIOR PSYCHIATRIC UNIT AT PROVIDENCE MI 10150 SE 32ND AVE MILWAUKIE, OR 97222	SPECIALTY CLINIC
11	342 - SPECIALTY SURGERY PC 5050 NE HOYT ST PORTLAND, OR 97213	SPECIALTY CLINIC
12	343 - SWINDELLS RESOURCE CENTER-SOUTHERN OREGO 840 ROYAL AVE MEDFORD, OR 97504	SPECIALTY CLINIC
13	344 - THE GAMMA KNIFE CENTER OF OREGON 4805 NE GLISAN ST PORTLAND, OR 97213	SPECIALTY CLINIC
14	345 - ZIDELL CENTER FOR INTEGRATIVE MEDICINE 9135 SW BARNES ROAD PORTLAND, OR 97225	SPECIALTY CLINIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 97

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MATCHING FUNDS FOR TWO INDIVIDUALS TO PARTICIPATE IN DEVELOPING EQUITY LEADERSHIP THROUGH TRAINING AND ACTION PROGRAM (DELTA)	2	0	5,000	COST	SPONSOR TWO INDIVIDUALS FOR TRAINING IN THE DELTA BUILD PROJECT
(2) ROOM CHARGES FOR A NEEDY PATIENT	1	0	2,868	COST	PAY FOR ROOM CHARGES WITH AN OUTSIDE CARE CENTER FOR A NEEDY PATIENT
(3) SCHOLARSHIPS PAID TO STUDENTS	6	9,000	0		
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	IN THE APPLICATION FOR SUPPORT, WE REQUEST A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IF THE APPLICATION FOR SUPPORT IS APPROVED, WE SEND A LETTER INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT ACCESS NOW 1311 NW 21ST AVENUE PORTLAND, OR 97296	20-8928388	501(C)(3)	2,334,427				COMMUNITY HEALTH SUPPORT
CENTRAL CITY CONCERN 232 NW EVERETT STREET PORTLAND, OR 97209	93-0728816	501(C)(3)	1,333,334				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE ST VINCENT MEDICAL FOUNDATION 9205 SE BARNES RD PORTLAND, OR 97225	93-0575982	501(C)(3)	534,559				COMMUNITY HEALTH SUPPORT
PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN ST PORTLAND, OR 97213	93-1231494	501(C)(3)	448,614				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE CHILD CENTER FOUNDATION 830 NE 47TH PORTLAND, OR 97213	93-0800140	501(C)(3)	419,574				COMMUNITY HEALTH SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	330,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE COMMUNITY HEALTH FOUNDATION 1111 CRATER LAKE AVENUE MEDFORD, OR 97504	93-0692907	501(C)(3)	296,064				COMMUNITY HEALTH SUPPORT
PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND MILWAUKIE, OR 97222	94-3079515	501(C)(3)	243,941				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE NEWBERG FOUNDATION 1001 PROVIDENCE DR NEWBERG, OR 97132	93-0889144	501(C)(3)	237,465				COMMUNITY HEALTH SUPPORT
IMPACT NW P O BOX 33530 PORTLAND, OR 97292	93-0557964	501(C)(3)	183,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE WILLAMETTE FALLS FOUNDATION 1500 DIVISION STREET OREGON CITY, OR 97045	93-1003750	501(C)(3)	164,688				COMMUNITY HEALTH SUPPORT
THE OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST STE 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	150,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE SEASIDE FOUNDATION 725 S WAHANNA RD SEASIDE, OR 97138	93-0927320	501(C)(3)	143,957				COMMUNITY HEALTH SUPPORT
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION 811 13TH ST HOOD RIVER, OR 97031	93-0921990	501(C)(3)	133,770				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ZENGER FARM 11741 SE FOSTER RD PORTLAND, OR 97266	93-1269630	501(C)(3)	127,500				COMMUNITY HEALTH SUPPORT
UNITED WAY OF THE COLUMBIA GORGE P O BOX 2 HOOD RIVER, OR 97031	93-0834020	501(C)(3)	125,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRILLIUM FAMILY SERVICES 3415 SE POWELL BLVD PORTLAND, OR 97202	93-0386966	501(C)(3)	100,000				COMMUNITY HEALTH SUPPORT
LEGACY HEALTH 1919 NW LOVEJOY STREET PORTLAND, OR 97209	23-7426300	501(C)(3)	87,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEALS ON WHEELS PEOPLE INC 7710 SW 31ST AVE PORTLAND, OR 97219	93-0584318	501(C)(3)	80,000				COMMUNITY HEALTH SUPPORT
OREGON BUSINESS COUNCIL CHARITABLE INSTITUTE 1100 SW 6TH AVENUE NO 1608 PORTLAND, OR 97204	93-1240928	501(C)(3)	75,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COMMUNITY HEALTH CENTER 7754 SW CAPITOL HIGHWAY PORTLAND, OR 97219	74-3050497	501(C)(3)	70,000				COMMUNITY HEALTH SUPPORT
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE ROOM 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	65,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN FAMILY SERVICE 1808 SE BELMONT ST PORTLAND, OR 97214	93-0397825	501(C)(3)	65,000				COMMUNITY HEALTH SUPPORT
OREGON FOOD BANK P O BOX 55370 PORTLAND, OR 97238	93-0785786	501(C)(3)	65,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOOD RIVER COUNTY HEALTH DEPARTMENT 1109 JUNE ST HOOD RIVER, OR 97031		GOV'T	64,592				COMMUNITY HEALTH SUPPORT
FAITH COMMUNITY NURSING HEALTH MINISTRIES NORTHWEST 2801 N GANTENBEIN AVE RM 2027 PORTLAND, OR 97227	94-3180955	501(C)(3)	61,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS RE-ENTRY OUTREACH CENTERS P O BOX 413 SEASIDE, OR 97138	27-1158468	501(C)(3)	60,440				COMMUNITY HEALTH SUPPORT
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION 540 S MAIN ST MT ANGEL, OR 97362	91-1940286	501(C)(3)	55,757				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST HOUSING ALTERNATIVES INC 2316 SE WILLARD ST MILWAUKIE, OR 97222	93-0814473	501(C)(3)	52,500				COMMUNITY HEALTH SUPPORT
ASIAN PACIFIC AMERICAN NETWORK OF OREGON P O BOX 6552 PORTLAND, OR 97208	80-0252850	501(C)(3)	51,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLATSOP COMMUNITY ACTION 364 9TH STREET ASTORIA, OR 97103	93-1010260	501(C)(3)	50,500				COMMUNITY HEALTH SUPPORT
MENTAL HEALTH ASSOCIATION OF OREGON 10373 NE HANCOCK ST PORTLAND, OR 97220	93-1012686	501(C)(3)	50,223				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS UNLIMITED OF OREGON 821 N RIVERSIDE MEDFORD, OR 97501	93-1329922	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT
GROW OREGON 1100 SW 6TH AVENUE NO 1608 PORTLAND, OR 97204	45-1801715	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEIGHBORHOOD HEALTH CENTER 6420 SW MACADAM AVE STE 300 PORTLAND, OR 97239	27-3524752	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT
ADDICTIONS RECOVERY CENTER INC 1003 W MAIN ST MEDFORD, OR 97501	93-0645605	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIT PROJECT 1623 NW POTTERS COURT PORTLAND, OR 97229	46-0575418	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT
OUR HOUSE OF PORTLAND INC 2727 SE ALDER STREET PORTLAND, OR 97214	93-0986632	501(C)(3)	50,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECT THE DOTS P O BOX 2426 GEARHART, OR 97138	46-1906387	501(C)(3)	45,000				COMMUNITY HEALTH SUPPORT
GEORGE FOX UNIVERSITY 414 N MERIDIAN ST NEWBERG, OR 97132	93-0386839	501(C)(3)	42,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRANSITION PROJECTS INC 665 NW HOYT STREET PORTLAND, OR 97209	93-0591582	501(C)(3)	40,584				COMMUNITY HEALTH SUPPORT
OREGON HEALTH SCIENCES UNIVERSITY 5525 SE MILWAUKIE AVE PORTLAND, OR 97202	93-1176109	GOV'T	40,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN COMMUNITY SERVICES NORTHWEST 4040 S 188TH STREET 300 SEATAC, WA 98188	93-0386860	501(C)(3)	40,000				COMMUNITY HEALTH SUPPORT
RESTORATION HOUSE INC 208 N HOLLADAY ST P O BOX 641 SEASIDE, OR 97138	93-1271134	501(C)(3)	40,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING FOR CLATSOP COALITION 800 EXCHANGE ST STE 410 ASTORIA, OR 97103	81-0729203	501(C)(3)	39,509				COMMUNITY HEALTH SUPPORT
LIFEWORKS NW 14600 NW CORNELL ROAD PORTLAND, OR 97229	93-0502822	501(C)(3)	35,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIDE CONNECTION INC 9955 NE GLISAN ST PORTLAND, OR 97220	94-3076771	501(C)(3)	27,500				COMMUNITY HEALTH SUPPORT
ST JOSEPH THE WORKER CORPORATE INTERNSHIP PROGRAM 7528 N FENWICK AVE PORTLAND, OR 97217	93-1322114	501(C)(3)	27,295				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA GORGE CASA P O BOX 663 HOOD RIVER, OR 97031	20-8443275	501(C)(3)	26,600				COMMUNITY HEALTH SUPPORT
SELF ENHANCEMENT INC 3920 N KERBY AVE PORTLAND, OR 97227	93-1086629	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST FOR OREGON P O BOX 14914 PORTLAND, OR 97293	94-3168157	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT
VOLUNTEERS OF AMERICA OF OREGON INC 3810 SE STARK ST PORTLAND, OR 97214	93-0395591	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS FOR A HUNGRY FREE OREGON 712 SE HAWTHORNE BLVD STE 2 PORTLAND, OR 97214	20-4970868	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT
THE CAMPBELL INSTITUTE 1411 SW MORRISON ST NO 205 PORTLAND, OR 97205	93-1095351	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILIAS EN ACCION 2710 NE 14TH AVE PORTLAND, OR 97212	93-1284335	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY STE 700 COLUMBIA, MD 21044	52-1231931	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACKTOWN USA INC P O BOX 11141 EUGENE, OR 97440	46-1562797	501(C)(3)	25,000				COMMUNITY HEALTH SUPPORT
CATHOLIC CHARITIES 2740 SE POWELL BLVD STE 5 PORTLAND, OR 97202	93-0386801	501(C)(3)	24,552				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST VINCENT DE PAUL P O BOX 42157 PORTLAND, OR 97242	93-0831082	501(C)(3)	24,405				COMMUNITY HEALTH SUPPORT
MERCY FLIGHTS INC 2020 MILLIGAN WAY MEDFORD, OR 97504	93-0512235	501(C)(3)	23,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON BUSINESS COUNCIL 1100 SW SIXTH AVENUE NO 1608 PORTLAND, OR 97204	93-0884244	501(C)(6)	20,000				COMMUNITY HEALTH SUPPORT
COMMUNITY ACTION ORGANIZATION 1001 SW BASELINE HILLSBORO, OR 97123	93-0554941	501(C)(3)	20,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARY'S WOODS AT MARYLHURST INC 17400 HOLY NAMES DR STE 70 LAKE OSWEGO, OR 97034	91-1833480	501(C)(3)	20,000				COMMUNITY HEALTH SUPPORT
THE HARBOR P O BOX 1342 ASTORIA, OR 97103	93-0691750	501(C)(3)	20,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CANBY CENTER 681 SW 2ND AVENUE CANBY, OR 97013	51-0603464	501(C)(3)	18,500				COMMUNITY HEALTH SUPPORT
URBAN LEAGUE OF PORTLAND INC 10 N RUSSELL ST PORTLAND, OR 97227	93-0395590	501(C)(3)	15,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S ACADEMY 1615 SW FIFTH AVE PORTLAND, OR 97201	93-0386918	501(C)(3)	15,000				COMMUNITY HEALTH SUPPORT
JACKSON COUNTY SART 43 MORNINGLIGHT DRIVE ASHLAND, OR 97520	81-0650183	501(C)(3)	15,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PORTLAND-GUADALAJARA SISTER CITY ASSOCIATION P O BOX 728 PORTLAND, OR 97207	93-0906775	501(C)(3)	15,000				COMMUNITY HEALTH SUPPORT
OREGON LATINO HEALTH COALITION 240 N BROADWAY ST STE 115 PORTLAND, OR 97227	26-1530127	501(C)(3)	15,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS HOUSE OF ODELL P O BOX 1734 HOOD RIVER, OR 97031	26-1778558	501(C)(3)	13,000				COMMUNITY HEALTH SUPPORT
OREGON CENTER FOR NURSING 5000 N WILLAMETTE BLVD MSC 1 PORTLAND, OR 97203	74-3052430	501(C)(3)	11,200				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLACK PARENT INITIATIVE P O BOX 12350 PORTLAND, OR 97212	20-5686374	501(C)(3)	11,000				COMMUNITY HEALTH SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MEDFORD OREGON 522 W SIXTH ST MEDFORD, OR 97501	93-0391645	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL HANDS RAISED 2069 NE HOYT ST PORTLAND, OR 97232	93-1149789	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROGUE COMMUNITY HEALTH 19 MYRTLE STREET MEDFORD, OR 97504	23-7366812	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT
FOSTERCLUB INC 810 BROADWAY ST STE 203 SEASIDE, OR 97138	93-1287234	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY CHILD ABUSE TASK FORCE INC 816 W 10TH STREET MEDFORD, OR 97501	94-3079497	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT
ALBERTINA KERR CENTERS 424 NE 22ND AVE PORTLAND, OR 97232	93-0386780	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAMI OREGON 4701 SE 24TH AVENUE STE E PORTLAND, OR 97202	93-0875209	501(C)(3)	10,000				COMMUNITY HEALTH SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	9,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SKANNER FOUNDATION P O BOX 5455 PORTLAND, OR 97228	93-1109980	501(C)(3)	8,500				COMMUNITY HEALTH SUPPORT
CLACKAMAS SERVICE CENTER P O BOX 2620 CLACKAMAS, OR 97015	93-0626175	501(C)(3)	8,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NEXT DOOR INC 965 TUCKER RD HOOD RIVER, OR 97031	93-0600421	501(C)(3)	8,000				COMMUNITY HEALTH SUPPORT
DOWN SYNDROME NETWORK OREGON P O BOX 248 MARYLHURST, OR 97036	20-1927900	501(C)(3)	8,000				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST STE B PORTLAND, OR 97239	93-0625359	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FREEWAY DALLAS, TX 75244	75-1835298	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD ARTS FOUNDATION INC P O BOX 12384 PORTLAND, OR 97212	93-0830736	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT
IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION 10301 NE GLISAN ST PORTLAND, OR 97220	93-0806295	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIETNAMESE COMMUNITY OF OREGON P O BOX 55416 PORTLAND, OR 97238	32-0263661	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT
CAMAS FARMER'S MARKET 415 NE 4TH AVENUE CAMAS, WA 98607	26-2554687	501(C)(3)	7,500				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC METROPOLITAN CHAMBER P O BOX 1837 PORTLAND, OR 97207	93-1156358	501(C)(3)	7,250				COMMUNITY HEALTH SUPPORT
GORGE GROWN FOOD NETWORK 203 2ND STREET HOOD RIVER, OR 97031	26-2910949	501(C)(3)	7,160				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FOUNDATION FOR MEDICAL EXCELLENCE 11740 SW 68TH PARKWAY PORTLAND, OR 97223	93-0632522	501(C)(3)	7,000				COMMUNITY HEALTH SUPPORT
HOOD RIVER COUNTY EDUCATION FOUNDATION 1009 EUGENE ST HOOD RIVER, OR 97031	93-1093479	501(C)(3)	6,600				COMMUNITY HEALTH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRIENDS OF CRESTON CHILDREN'S DENTAL CLINIC 10505 SE 17TH AVE MILWAUKIE, OR 97222	32-0300896	501(C)(3)	6,500				COMMUNITY HEALTH SUPPORT
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	6,000				COMMUNITY HEALTH SUPPORT

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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
Part I, Line 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE ST JOSEPH HEALTH
Part I, Lines 4a-b	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING THE YEAR SMITH, HARVEY - $519,285 STODDART, PAUL - $177,790 HOFHEINS, TODD - $793,260 WRIGHT, CRAIG - $144,200 BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT THE CURRENT YEAR PAYOUTS FROM THESE PLANS
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 2017, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S STRATEGIC PRIORITIES IN 2017 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

Additional Data

Software ID:

Software Version:

EIN: 51-0216587

Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DONALD ANDERSON JR ASSIST SECRETARY FOR ENROLLMENT	(I)	0	0	0	0	0	0	0
	(II)	192,673	44,659	10,854	11,200	8,812	268,198	0
1VENKAT BHAMIDIPATI EVP/TREASURER	(I)	0	0	0	0	0	0	0
	(II)	318,745	300,000	19,564	832,107	15,871	1,486,287	0
2MIKE BUTLER PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	1,294,695	1,189,568	44,889	2,065,833	29,624	4,624,609	0
3JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	623,838	711,543	36,709	647,363	20,322	2,039,775	0
4CINDY STRAUSS SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	697,944	624,379	420,759	988,958	31,256	2,763,296	386,962
5JOHN WHIPPLE ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	415,579	303,904	35,318	459,620	25,428	1,239,849	0
6DAVE UNDERRINER CE/OR REGION	(I)	0	0	0	0	0	0	0
	(II)	611,417	384,455	283,729	753,882	43,298	2,076,781	260,841
7WILLIAM OLSON VP/FINANCIAL OPERATIONS - OR	(I)	0	0	0	0	0	0	0
	(II)	375,327	142,882	115,242	390,200	31,990	1,055,641	91,351
8THERON PARK CEO/OREGON DELIVERY SYSTEM	(I)	0	0	0	0	0	0	0
	(II)	464,230	199,344	19,666	506,739	26,760	1,216,739	0
9DOUG KOEKKOEK CEO/OMG/PATIENT SERVICES	(I)	0	0	0	0	0	0	0
	(II)	472,806	212,410	22,153	536,628	27,946	1,271,943	0
10ERIN ALLEN PHYSICIAN - DERMATOLOGY	(I)	1,115,572	0	19,023	111,542	20,611	1,266,748	0
	(II)	0	0	0	0	0	0	0
11WALTER URBA ADMINISTRATOR/CLINICAL RESEARCH	(I)	703,598	239,951	134,831	107,413	16,841	1,202,634	51,121
	(II)	0	0	0	0	0	0	0
12JEFFREY SWANSON SURGEON - CARDIOLOGY	(I)	820,980	0	73,010	55,541	21,590	971,121	40,211
	(II)	0	0	0	0	0	0	0
13GARY OTT SURGEON - CARDIOLOGY	(I)	844,394	0	10,048	49,809	20,346	924,597	0
	(II)	0	0	0	0	0	0	0
14DANIEL OSERAN SURGEON - CARDIOLOGY	(I)	674,869	113,425	128,233	57,569	22,462	996,558	33,746
	(II)	0	0	0	0	0	0	0
15ROD F HOCHMAN MD FORMER PRESIDENT / CEO	(I)	0	0	0	0	0	0	0
	(II)	1,974,688	2,203,431	1,090,977	6,285,602	28,363	11,583,061	1,049,676
16TODD HOFHEINS FORMER - EVP/CFO /TREASURER	(I)	0	0	0	0	0	0	0
	(II)	15,196	527,139	1,596,779	10,544	34,931	2,184,589	777,867
17DEBRA CANALES FORMER - EVP/CAO	(I)	0	0	0	0	0	0	0
	(II)	835,135	795,839	43,428	1,213,992	22,272	2,910,666	0
18JANICE NEWELL FORMER - SVP/CHIEF INFORMATION OFFCR	(I)	0	0	0	0	0	0	0
	(II)	599,228	478,973	318,624	721,041	17,589	2,135,455	286,030
19JOEL GILBERTSON FORMER - SVP/COMMUNITY PARTNERSHIPS	(I)	0	0	0	0	0	0	0
	(II)	470,184	351,171	34,959	523,643	28,741	1,408,698	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21OREST HOLUBEC FORMER - SVP/CHIEF COMM/EXT AFF OFF	(I)	0	0	0	0	0	0	0
	(II)	415,423	338,118	35,329	455,947	28,061	1,272,878	0
1GREG TILL FORMER - VP/CHIEF TALENT OFFICER	(I)	0	0	0	0	0	0	0
	(II)	396,535	297,987	19,038	461,102	30,490	1,205,152	0
2SHARON TONCRAY FORMER - SVP/CHIEF LABOR EE COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	416,606	321,829	28,095	526,958	30,363	1,323,851	0
3JACK MUDD FORMER - SVP/MISSION LEADERSHIP	(I)	0	0	0	0	0	0	0
	(II)	183,227	160,613	95,959	260,329	17,431	717,559	59,649
4PAUL STODDART FORMER - VP/MARKETING	(I)	0	0	0	0	0	0	0
	(II)	0	0	175,547	0	8,264	183,811	0
5DAVID BROWN FORMER - VP/STRATEGY & BIZ DVLPMT	(I)	0	0	0	0	0	0	0
	(II)	373,180	325,150	1,955	429,702	27,658	1,157,645	0
6DEBBIE BURTON FORMER - SVP/ CHIEF NRSG OFFICER	(I)	0	0	0	0	0	0	0
	(II)	353,784	266,872	155,793	356,594	30,608	1,163,651	118,981
7MARY CRANSTOUN FORMER - VP/TOTAL REWARDS	(I)	0	0	0	0	0	0	0
	(II)	393,699	291,571	20,135	454,896	27,450	1,187,751	0
8AARON MARTIN FORMER - SVP/STRATEGY & INNOVATION	(I)	0	0	0	0	0	0	0
	(II)	564,005	316,363	20,003	707,371	8,648	1,616,390	0
9TOM MCDONAGH FORMER - VP/CHIEF INVESTMENT OFFICER	(I)	0	0	0	0	0	0	0
	(II)	467,734	324,164	38,723	516,307	30,180	1,377,108	0
10RHONDA MEDOWS MD FORMER - EVP/POPULATION HEALTH	(I)	0	0	0	0	0	0	0
	(II)	858,356	681,403	42,645	1,101,998	24,344	2,708,746	0
11HARVEY SMITH FORMER - SVP/CHIEF CUSTOMER SVC OFF	(I)	0	0	0	0	0	0	0
	(II)	48,492	372,926	626,764	34,353	13,143	1,095,678	86,922
12LISA VANCE FORMER - SVP/CLINICAL PROGRAM SRVCS	(I)	0	0	0	0	0	0	0
	(II)	562,680	510,329	618,093	654,509	27,816	2,373,427	579,369
13MIKE WATERS FORMER - VP,CAO/PHYSICIAN SERVICES	(I)	0	0	0	0	0	0	0
	(II)	431,525	194,089	17,296	451,441	12,309	1,106,660	0
14AMY COMPTON-PHILLIPS FORMER - EVP/CHIEF CLINICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	745,415	499,341	246,460	992,391	32,410	2,516,017	0
15CRAIG WRIGHT MD FORMER - SVP/PHYSICIAN SVCS	(I)	0	0	0	0	0	0	0
	(II)	0	0	245,590	3,661	7,255	256,506	100,000
16DOUG WALTA FORMER - CE /CLINICAL PROGRAMS	(I)	0	0	0	0	0	0	0
	(II)	0	0	572,467	0	0	572,467	572,467
17JOHN FLETCHER FORMER - VP/OPERATIONS SUPPORT	(I)	0	0	0	0	0	0	0
	(II)	101,601	0	2,369	8,415	11,971	124,356	0
18TERRY SMITH FORMER - SVP/MANAGEMENT SVCS	(I)	0	0	0	0	0	0	0
	(II)	187,534	24,001	1,981	9,657	9,340	232,513	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	3,033,734	MED SVCS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	942,743	MED SVCS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	894,425	MED SVCS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	305,989	MED SVCS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	181,871	MED SVCS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	145,099	MED SVCS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	144,997	MED SVCS		No
(1) SUBSTANTIAL CONTRIBUTOR	SUB CONTRB	112,500	MED SVCS		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	PROVIDENCE HEALTH & SERVICES IS THE SOLE CORPORATE MEMBER OF PROVIDENCE HEALTH & SERVICES - OREGON

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	PROVIDENCE HEALTH & SERVICES - OREGON HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE HEALTH & SERVICES - OREGON BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER 1) TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, AND VALUES, INCLUDING THE STRATEGIC PLAN AND MISSION STATEMENT 2) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS 3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE HISTORICAL OR RELIGIOUS SIGNIFICANCE 4) TO APPROVE THE DISSOLUTION OR LIQUIDATION 5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS 6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS 7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR MINISTRY OR WORK OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD DURING THE AUDIT COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE AUDIT COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES, AND IS DISCLOSED AS A PERSON PAID BY A RELAT ED ORGANIZATION IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMAT ION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLO WING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSA TION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES PROVIDENCE ST JOSEPH HEALTH HAS A SI NGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLM ENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING TH E ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIR S OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVIDENCE ST JOSEPH HEALTH ALSO MAIN TAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIG HT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS PROVIDENCE ST JOSEPH H EALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENI OR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HE ALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES O F THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION PART OF THE CONSULTA NT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARG ER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PR OVIDENCE ST JOSEPH HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH'S LABOR MARKET CONT INUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, W HERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOSEPH HEALTH EXECUTIVES ARE GENERALLY T ARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETE RMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONA L COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST JOSEPH HEALTH OPERATING COMMI

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	TMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD 'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST P RACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X LINE 20	THE TAX-EXEMPT BOND LIABILITIES WERE TRANSFERRED FROM PROVIDENCE HEALTH & SERVICES - OREGON TO ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, DURING THE YEAR ENDED 12/31/17 THE TAX-EXEMPT BOND LIABILITY IN PART X, LINE 20 HAS BEEN RECLASSED AS AN INTERCOMPANY LIABILITY FOR TAX-EXEMPT BONDS IN PART X, LINE 25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 136 - RECIPIENT ORGANIZATION ADJUSTMENT 45,128,173 BOOK/TAX DIFFERENCE - JOINT VENTURE INCOME -722,808 DIVIDENDS/DISTRIBUTIONS 11,804,009 NET ASSET TRANSFERS TO AFFILIATES -794,635,345 ROUNDING -2 UNRESTRICTED INVESTMENT IN RECIPIENT ORGANIZATION 20,372,888

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320001348

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

2017

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROVIDENCE FAIRVIEW PROPERTIES LLC 1235 NE 47TH AVENUE SUITE 260 PORTLAND, OR 97213 51-0216587	REAL ESTATE	OR	0	1,646,195	PHS - OR
(2) PROVIDENCE PADDEN PROPERTIES LLC 1235 NE 47TH AVENUE SUITE 260 PORTLAND, OR 97213 51-0216587	REAL ESTATE	OR	0	19,305,321	PHS - OR
(3) CREDENA HEALTH LLC 6348 NE HALSEY STREET SUITE A PORTLAND, OR 97213 47-3598083	PHARMACY	OR	2,049,172	27,094,108	PHS - OR

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

See Additional Data Table

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

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(c)(3)	12,I	CHS	Yes	
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(c)(3)	12,III	SJHS	Yes	
3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(c)(3)	12,I	CHS	Yes	
3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(c)(3)	3	SJHS	Yes	
3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(c)(3)	12,I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(c)(3)	10	N/A		No
15451 SAN FERNANDO MISSION BLVD 200 MISSION HILLS, CA 913451420 95-4322584	SUPPORT	CA	501(c)(3)	7	PHS SOCAL	Yes	
1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(c)(3)	7	SHS	Yes	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(c)(3)	12,I	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(c)(3)	7	HHF	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(c)(3)	7	HMHP	Yes	
1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(c)(3)	10	CHS	Yes	
601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555	HEALTHCARE	WA	501(c)(3)	3	PHS WA	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(c)(3)	7	PHS SJHS	Yes	
401 TERRY AVE N SEATTLE, WA 98109 91-2003593	HEALTHCARE	WA	501(c)(3)	7	WHC	Yes	
2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	HEALTHCARE	CA	501(c)(3)	4	PSJHC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
888 SWIFT BLVD RICHLAND, WA 99352 91-6033089	SUPPORT	WA	501(c)(3)	12,III	KRMC	Yes	
888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501(c)(3)	12,I	KRMC	Yes	
1268 LEE BLVD RICHLAND, WA 99352 91-1266345	HEALTHCARE	WA	501(c)(3)	10	WHC	Yes	
888 SWIFT BLVD RICHLAND, WA 99352 91-0655392	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SVCS	CA	501(c)(3)	10	PHS SOCAL	Yes	
3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
747 BROADWAY SEATTLE, WA 98122 91-2054035	RESEARCH	WA	501(c)(3)	7	SHS	Yes	
3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
1200 12TH AVE S SEATTLE, WA 98144 56-2290878	HEALTHCARE	WA	501(c)(3)	10	WHC	Yes	
501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877	HEALTHCARE	CA	501(c)(3)	7	PHS SOCAL	Yes	
3300 PROVIDENCE DRIVE - B TOWER2 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501(c)(3)	12,I	PHS WA	Yes	
540 SOUTH MAIN ST MT ANGEL, OR 973629532 91-1940286	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506	SUPPORT	WA	501(c)(3)	7	N/A		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
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(c)(3)	12,I	PHS WA	Yes	
4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(c)(3)	12,II	PSJH		No
500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793	HEALTHCARE	MT	501(c)(3)	3	PHS WA	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(c)(3)	3	PHS	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(c)(3)	3	PMWHC	Yes	
4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 55-0828701	MEDICAID	OR	501(c)(4)	N/A	PHP	Yes	
101 W 8TH AVE SPOKANE, WA 99204 32-0014330	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	
914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382	HEALTHCARE	WA	501(c)(3)	7	PHS W WA	Yes	
4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 93-0863097	HEALTHCARE	OR	501(c)(4)	N/A	PPP	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(c)(3)	3	PHS	Yes	
811 13TH ST HOOD RIVER, OR 97031 93-0921990	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
2731 WETMORE AVENUE SUITE 500 EVERETT, WA 98201 27-2552749	HEALTHCARE	WA	501(c)(3)	7	PHS W WA	Yes	
425 PONTIUS AVENUE NORTH 300 SEATTLE, WA 981095452 91-2077378	HEALTHCARE	WA	501(c)(3)	12,I	PHS W WA	Yes	
4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	HEALTHCARE	CA	501(c)(3)	7	PHS SOCAL	Yes	
3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288	HEALTHCARE	WA	501(c)(3)	12,I	PHS W WA	Yes	
4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(c)(3)	12,I	PHS SOCAL	Yes	
10150 SE 32ND MILWAUKIE, OR 97222 94-3079515	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVENUE SW SUITE 9016 RENTON, WA 980579016	RELIGIOUS ORG	WA	501(c)(3)	1	N/A		No
4831 - 35TH AVENUE SW SEATTLE, WA 981262799 91-1188119	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 91-1861964	HEALTHCARE	WA	501(c)(4)	N/A	PHS OR	Yes	
4805 NE GLISAN ST PORTLAND, OR 972132967 93-1231494	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1700 PROVIDENCE PL CENTRALIA, WA 98531 31-1584166	SUPPORT	WA	501(c)(3)	10	PHS WA	Yes	
2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501(c)(3)	3	PHS SOCAL	Yes	
20555 EARL ST TORRANCE, CA 90503 81-4542216	HEALTHCARE	CA	501(c)(3)	PENDING	PHS SOCAL	Yes	
725 S WAHANNA RD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(c)(3)	12,III	N/A		No
PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(c)(3)	3	PHS WA	Yes	
401 W POPLAR ST WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	
413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT	WA	501(c)(3)	7	PHS W WA	Yes	
9205 SW BARNES RD PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
5315 TORRANCE BLVD SUITE B1 TORRANCE, CA 90503 95-3264139	HEALTHCARE	CA	501(c)(3)	10	PHS SOCAL	Yes	
5315 TORRANCE BLVD SUITE B1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(c)(3)	7	PTCH	Yes	
1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(c)(3)	12, I	PHS OR	Yes	
1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(c)(3)	7	RMH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT	CA	501(c)(3)	7	PSJHC	Yes	
1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
550 17TH AVE SEATTLE, WA 98122 61-1502822	PHYSN COLLAB	WA	501(c)(3)	7	WHC	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(c)(3)	1	PHS WA	Yes	
480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(c)(3)	1	N/A		No
400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(c)(3)	3	SRMH	Yes	
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(c)(3)	1	SSJO		No
3345 MICHELSON DRIVE IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(c)(3)	12,I	PSJH		No
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(c)(3)	7	SJHS	Yes	
200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(c)(3)	10	SJHS	Yes	
2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976	HEALTHCARE	MT	501(c)(3)	7	PHS WA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495	EDUCATION	MT	501(c)(3)	10	PHS WA	Yes	
21601 76TH AVE W EDMONDS, WA 98026 27-2305304	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
747 BROADWAY SEATTLE, WA 98122 91-0433740	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
747 BROADWAY SEATTLE, WA 98122 91-0983214	HEALTHCARE	WA	501(c)(3)	7	SHS	Yes	
747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING CO	WA	501(c)(3)	12,I	SHS	Yes	
312 NORTH FOURTH ST YAKIMA, WA 98901 91-1180824	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
540 23RD ST OAKLAND, CA 94612 91-1293869	SUPPORT	CA	501(c)(3)	10	PHS SOCAL	Yes	
5520 NE GLISAN PORTLAND, OR 97213 91-1214491	SUPPORT	OR	501(c)(3)	10	PHS OR	Yes	
1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777	EDUCATION	MT	501(c)(3)	2	PHS	Yes	
747 BROADWAY SEATTLE, WA 98122 45-4171900	SHELL CORPORATION	WA	501(c)(3)	12,II	PHS W WA	Yes	

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	
ALPHA MEDICAL LABORATORY LLC 611 N PERRY SPOKANE, WA 99202 91-2017347	OUTPATIENT LAB	ID	N/A									
BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	N/A									
CALIFORNIA LABORATORY ASSOCIATES LLC 501 BUENA VISTA BURBANK, CA 91505 27-3888692	OUTPATIENT LAB	CA	N/A									
CALIFORNIA SPECIALTY SURGERY CENTER LP 26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691 33-0939003	HEALTHCARE	CA	N/A									
CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	PHS OR	RELATED				No			No	51 000 %
CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	PHS OR	RELATED	662,423	868,234		No		Yes		67 000 %
COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 81-0986844	HEALTHCARE	CA	N/A									
COVENANT LONG-TERM CARE LP 4000 24TH STREET LUBBOCK, TX 79410 20-5033419	HEALTHCARE	TX	N/A									
CTR FOR MED IMAGING-BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	PHS OR	RELATED	341,933	654,075		No		Yes		75 000 %
CTR FOR MED IMAGING-TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	PHS OR	RELATED	569,051	1,296,019		No		Yes		75 000 %
GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	N/A									
HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	N/A									
HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	N/A									
HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	N/A									
LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	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	
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	N/A									
MOUNTAINSTAR CLINICAL LABORATORIES LLC 611 N PERRY SPOKANE, WA 99202 26-1345983	OUTPATIENT LAB	MT	N/A									
NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	N/A									
NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	N/A									
OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	PHS OR	RELATED	1,497,975	4,900,496		No		Yes		70 000 %
OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	PHS OR	RELATED				No			No	51 000 %
PACLAB LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 91-1743952	OUTPATIENT LAB	WA	N/A									
PATHOLOGY ASSOCIATES MEDICAL LABORATORIES LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 27-0943279	OUTPATIENT LAB	WA	N/A									
PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A									
PHS INVESTMENT TRANSITION PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2279711	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-3393740	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1532735	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-2960145	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST BANK LOANS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2357735	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST COMMODITIES PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2269004	INVESTMENTS	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	
PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2293255	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST LDI PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2392060	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2385238	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST MLP PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2367538	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2353569	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2283974	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2314743	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST RISK PARITY PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2336377	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-2701056	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2327491	INVESTMENTS	WA	N/A									
PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2402609	INVESTMENTS	WA	N/A									
PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971	IMAGING DIAGNOSTI	OR	PHS OR	RELATED				No			No	75 000 %
PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	PHS OR	RELATED	66,865	2,616,835		No		Yes		50 000 %
PROVIDENCE IMAGING CENTER 3340 PROVIDENCE DRIVE ANCHORAGE, AK 99508 92-0118807	MEDICAL IMAGING	AK	N/A									
PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	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	
PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	N/A									
PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	PHS OR	RELATED				No			No	50 000 %
PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	N/A									
PROVIDENCEUSP SURGERY CENTERS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	N/A									
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	N/A									
SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	N/A									
SOUTHERN CALIFORNIA SURGERY CENTER LLC 18321 VENTURA BLVD STE 740 TARZANA, CA 91356 33-0939000	HEALTHCARE	CA	N/A									
SOUTHERN IDAHO REGIONAL LABORATORY LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 82-0511819	OUTPATIENT LAB	ID	N/A									
ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	N/A									
ST JOSEPHSATELLITE DIALYSIS CENTERS LLC 300 SANTANA ROW STE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	N/A									
THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	N/A									
TRI-CITIES LABORATORY LLC 611 N PERRY SPOKANE, WA 99202 91-1773986	OUTPATIENT LAB	WA	N/A									
HOAG OUTPATIENT CENTERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA	N/A									
NEWPORT BAY SURGERY CENTER LLC 3333 W PACIFIC COAST HWY 100 NEWPORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	N/A									
NEWPORT BEACH ENDOSCOPY CENTER LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 77-0368744	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	
NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	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
1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	N/A	C					No
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE BERMUDA BD	CAPTIVE INSURANCE	BD	N/A	C					No
BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	N/A	C					No
CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MED PHYS SVCS	MT	N/A	C					No
HOAG CLINIC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	N/A	C					No
DATU HEALTH INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	N/A	C					No
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	N/A	C					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	N/A	C					No
LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	N/A	C					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	N/A	C					No
OPHIE HEALTHCARE SERVICES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1002825	HEALTHCARE	CA	N/A	C					No
PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503 46-1814184	STRAT PLAN SVCS	CA	N/A	C					No
PIONEER INNOVATIONS INC 800 5TH AVE 10TH FLOOR SEATTLE, WA 98104 36-4818191	HEALTH INNOVATNS	WA	N/A	C					No
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLIN/MED LAB	WA	N/A	C					No
PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503 80-0886966	PREPAID HEALTH	CA	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PROVIDENCE HEALTH VENTURES INC 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA	N/A	C					No
ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	N/A	C					No
ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	N/A	C					No
ST JOSEPH PROF SVCS ENTERPRSES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	N/A	C					No
VINSERRA INC 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315	INVESTMENTS	CA	N/A	C					No
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654	INVESTMENTS	WA	N/A	C					No
YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	N/A	C					No
PROVIDENCE ASSURANCE INC 3131 CAMELBACK ROAD STE 400 PHOENIX, AZ 85016 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	C	8,973,887	COST
PROVIDENCE PORTLAND MEDICAL FOUNDATION	C	11,561,405	COST
PROVIDENCE CHILD CENTER FOUNDATION	C	2,150,887	COST
PROVIDENCE MILWAUKIE FOUNDATION	C	153,673	COST
PROVIDENCE COMMUNITY HEALTH FOUNDATION	C	1,508,953	COST
PROVIDENCE SEASIDE FOUNDATION	C	441,227	COST
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION	C	216,492	COST
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION	C	183,150	COST
PROVIDENCE NEWBERG FOUNDATION	C	320,515	COST
PROVIDENCE WILLAMETTE FALLS FOUNDATION	C	157,391	COST
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	B	534,559	COST
PROVIDENCE PORTLAND MEDICAL FOUNDATION	B	441,114	COST
PROVIDENCE CHILD CENTER FOUNDATION	B	419,574	COST
PROVIDENCE COMMUNITY HEALTH FOUNDATION	B	296,064	COST
PROVIDENCE NEWBERG FOUNDATION	B	237,465	COST
PROVIDENCE MILWAUKIE FOUNDATION	B	243,941	COST
PROVIDENCE WILLAMETTE FALLS FOUNDATION	B	164,688	COST
PROVIDENCE SEASIDE FOUNDATION	B	143,957	COST
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION	B	55,757	COST
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION	B	133,770	COST