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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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 ATTN TAX DEPT

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 98057

D Employer identification number
51-0216587

E Telephone number
(425) 525-3985

G Gross receipts $ 4,011,658,143

F Name and address of principal officer:
MIKE BUTLER
1801 LIND AVENUE SW ATTN TAX DEPT
RENTON, WA 98057

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.

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	23,980
6	Total number of volunteers (estimate if necessary)	**6**	3,060
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,723,948
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	5,112,762

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	67,647,118	34,088,483
9	Program service revenue (Part VIII, line 2g)	3,272,700,186	3,496,450,047
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,044,080	40,474,154
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	177,378,346	252,792,721
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,552,769,730	3,823,805,405
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,591,234	8,878,321
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)	1,447,396,592	1,451,222,647
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,416,035		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,235,455,978	1,417,258,676
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,693,443,804	2,877,359,644
19	Revenue less expenses. Subtract line 18 from line 12	859,325,926	946,445,761

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,436,424,930	3,628,229,547
21	Total liabilities (Part X, line 26)	673,954,716	625,995,750
22	Net assets or fund balances. Subtract line 21 from line 20	2,762,470,214	3,002,233,797

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: 2020-11-04

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
				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 $ 2,352,245,729 including grants of $ 8,878,321) (Revenue $ 3,758,005,330)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,352,245,729

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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,212		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	23,980		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	15		
	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**	15		
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-A 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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								5,566,747	43,599,297	7,102,063

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 ▶ 4,495

			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
OREGON EMERGENCY PHYSICIANS PC 9155 SW BARNES RD SE 420 PORTLAND, OR 972256631	MEDICAL SERVICES	39,882,999
LEASE CRUTCHER LEWIS LLC 550 SW 12TH AVE PORTLAND, OR 972052300	CONSTRUCTION SERVICES	13,294,116
THE OREGON CLINIC PC 847 NE 19TH AVE STE 300 PORTLAND, OR 972322684	MED & ADMIN SERVICES	6,794,866
EMERGENCY SPECIALISTS OF OREGON LLC PO BOX 742528 DALLAS, TX 753742528	MEDICAL SERVICES	5,028,958
PRAESTANTIA ASSOCIATES PO BOX 353 SHERWOOD, OR 97140	MEDICAL SERVICES	2,847,647

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 ▶ 203

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	1,987,416			
e Government grants (contributions)	1e	32,101,067			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		34,088,483			
Program Service Revenue	Business Code				
2a NET PATIENT REVENUE	622110	3,368,886,739	3,362,313,385	6,573,354	
b HOSPITAL FEE	622110	123,973,053	123,973,053		
c JV INCOME	622110	3,590,255	3,590,255		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		3,496,450,047			
3 Investment income (including dividends, interest, and other similar amounts)		14,173,176			14,173,176
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	27,715,722				
b Less: rental expenses 6b	36,718,233				
c Rental income or (loss) 6c	-9,002,511				
d Net rental income or (loss)			-9,002,511		-9,002,511
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	110,525,648	7,564,249			
b Less: cost or other basis and sales expenses 7b	91,788,919	0			
c Gain or (loss) 7c	18,736,729	7,564,249			
d Net gain or (loss)			26,300,978		26,300,978
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	59,588,535			
b Less: cost of goods sold	10b	59,345,586			
c Net income or (loss) from sales of inventory		242,949			242,949
Miscellaneous Revenue	Business Code				
11a IAF REVENUE	900099	149,129,561	149,129,561		
b PHARMACY REVENUE	900099	49,010,230	45,859,636	3,150,594	
c CLINICAL TRIALS	900099	18,279,659	18,279,659		
d All other revenue		45,132,833	45,132,833		
e **Total.** Add lines 11a–11d		261,552,283			
12 **Total revenue.** See instructions		3,823,805,405	3,748,278,382	9,723,948	31,714,592

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,847,071	8,847,071		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	31,250	31,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,304,119,660	1,057,849,827	243,480,205	2,789,628
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,692,878	99,712	32,593,166	
9 Other employee benefits	9,245,079	7,885,520	1,344,413	15,146
10 Payroll taxes	105,165,030	382,564	104,782,466	
11 Fees for services (non-employees):				
a Management				
b Legal	2,265,792	374,905	1,890,476	411
c Accounting	7,122	7,122		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,043,867		2,043,867	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	341,761,659	294,415,964	46,613,252	732,443
12 Advertising and promotion	3,660,905	2,201,908	1,260,270	198,727
13 Office expenses	37,633,190	24,724,288	12,855,407	53,495
14 Information technology	2,139,268	1,474,780	651,993	12,495
15 Royalties				
16 Occupancy	100,792,664	75,906,796	24,633,830	252,038
17 Travel	6,872,759	5,106,772	1,636,573	129,414
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,246,067	2,313,584	3,905,938	26,545
20 Interest	5,255,682	230,397	5,025,285	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,593,992	39,633,879	46,960,113	
23 Insurance	161,685	161,685		
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 SUPPIES	671,306,555	663,168,669	8,137,732	154
b HOSPITAL FEE	135,423,651	135,423,651	0	0
c RECRUITING & RELOCATION	6,678,457	899,773	5,778,684	
d LICENSES AND TAXES	6,345,142	4,998,194	1,346,373	575
e All other expenses	2,070,219	26,107,418	-24,242,163	204,964
25 **Total functional expenses.** Add lines 1 through 24e	2,877,359,644	2,352,245,729	520,697,880	4,416,035
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		26,067,247	1	32,178,902
	2	Savings and temporary cash investments		523,576,740	2	646,333,108
	3	Pledges and grants receivable, net		446,729	3	0
	4	Accounts receivable, net		357,250,208	4	326,036,954
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,041,368	7	9,083,373
	8	Inventories for sale or use		48,739,797	8	52,770,176
	9	Prepaid expenses and deferred charges		6,032,649	9	6,418,693
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,189,138,394			
	b	Less: accumulated depreciation	10b 2,173,319,677	996,318,375	10c	1,015,818,717
	11	Investments—publicly traded securities		822,948,202	11	910,798,786
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		402,503,902	13	478,874,415
	14	Intangible assets		1,546,174	14	1,177,032
	15	Other assets. See Part IV, line 11		249,953,539	15	148,739,391
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,436,424,930	16	3,628,229,547
Liabilities	17	Accounts payable and accrued expenses		278,553,784	17	278,843,415
	18	Grants payable			18	9,944,412
	19	Deferred revenue		24,598,043	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		3,438,776	21	190,836
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		961,166	23	499,202
	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		366,402,947	25	336,517,885
	26	**Total liabilities.** Add lines 17 through 25		673,954,716	26	625,995,750
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,553,745,189	27	2,752,030,178
	28	Net assets with donor restrictions		208,725,025	28	250,203,619
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,762,470,214	32	3,002,233,797
	33	Total liabilities and net assets/fund balances		3,436,424,930	33	3,628,229,547

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	3,823,805,405
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,877,359,644
3	Revenue less expenses. Subtract line 2 from line 1	3	946,445,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,762,470,214
5	Net unrealized gains (losses) on investments	5	92,310,330
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-798,992,508
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,002,233,797

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 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.PROVIDENCEON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO FORM PROVIDENCE ST. JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER, PROVIDENCE 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 51 HOSPITALS, 1,085 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. 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 AFFORDABLEIN 2019, PROVIDENCE IN OREGON:- OPERATED EIGHT HOSPITALS, MORE THAN 90 CLINICS AND TWO NEONATAL INTENSIVE CARE UNITS- PROVIDED PRIMARY, PREVENTIVE AND SPECIALTY CARE TO OVER 2.1 MILLION CHILDREN AND ADULTS- CARED FOR 288,701 EMERGENCY PATIENTS- GAVE 485,270 HOME HEALTH AND HOSPICE VISITS/DAYS OF CARE TO COMMUNITY RESIDENTSLONG-TERM CARE, HOMECARE, HOSPICE, HOUSING & ASSISTED LIVING:QUALITY HOME CARE: FOR THE EIGHTH 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.

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			
ROD F HOCHMAN MD FORMER PRESIDENT/CEO	0.00 60.00						X	0	9,697,491	1,217,351
MIKE BUTLER PRESIDENT	11.00 49.00			X				0	3,421,103	597,820
DEBRA CANALES FORMER EVP CAO PSJH	0.00 60.00						X	0	2,204,087	353,537
RHONDA MEDOWS MD FORMER PRESIDENT POP HEALTH/AYIN	0.00 60.00						X	0	1,888,838	274,454
CINDY STRAUSS SECRETARY	11.00 49.00			X				0	1,735,009	347,233
AMY COMPTON-PHILLIPS MD FORMER EVP CHIEF CLINICAL OFC PSJH	0.00 55.00						X	0	1,701,825	248,465
VENKAT BHAMIDIPATI EVP/TREASURER	7.00 53.00			X				0	1,615,492	304,802
ERIN ALLEN PHYSICIAN - DERMATOLOGY	40.00 0.00					X		1,438,191	0	156,815
LISA VANCE EVP REGIONAL CE OR	21.00 39.00				X			0	1,313,995	245,652
JOEL GILBERTSON FORMER EVP COMMUNITY PARTNERSHIPS	0.00 60.00						X	0	1,315,140	203,790

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			
AARON MARTIN FORMER EVP CHIEF MKT/DIGITAL INNO OF	0.00 70.00						X	0	1,302,273	194,312
JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER	9.00 51.00			X				0	1,188,910	217,824
TOM MCDONAGH FORMER VP/CHIEF INVESTMENT OFFICER	0.00 58.00						X	0	1,356,638	46,012
SHARON TONCRAY FORMER SVP/CHIEF LABOR EE COUNSEL	0.00 60.00						X	0	1,364,262	36,627
GREG TILL FORMER CHIEF PEOPLE OFFICER	0.00 65.00						X	0	1,166,513	196,967
ERIC KIRKER SURGEON - CARDIOLOGY	40.00 0.00					X		1,168,860	0	95,559
MIKE WATERS FORMER EVP AMBULATORY CARE NETWORK	0.00 65.00						X	0	1,049,713	159,733
GARY OTT SURGEON - CARDIOLOGY	40.00 0.00					X		1,086,617	0	83,582
JOHN WHIPPLE ASSISTANT SECRETARY	7.00 53.00			X				0	905,646	235,831
DOUG KOEKKOEK FORMER SYSTEM CMO	50.00 8.00						X	0	937,418	201,107

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			
WILLIAM OLSON COO OR REGION	41.00 9.00				X			0	896,750	206,984
JANICE BURGER CHIEF EXEC ST VINCENT MEDICAL CENTER	50.00 0.00				X			0	903,878	191,776
JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFFCR	0.00 60.00						X	0	1,071,876	18,740
OREST HOLUBEC FORMER SVP CHIEF COMMUNICATION OFCR	0.00 55.00						X	0	891,959	168,978
MATTHEW MCCLELLAND PHYSICIAN - DERMATOLOGY	40.00 0.00					X		960,417	0	86,075
TORIN FITTON PHYSICIAN SURGERY CARDIOVASC	40.00 0.00					X		912,662	0	73,623
JIM WATSON ESQ ASSISTANT SECRETARY	7.00 53.00			X				0	843,494	137,810
MARY CRANSTOUN FORMER SVP TOTAL REWARDS TALENT ACQ	0.00 60.00						X	0	801,721	167,261
DAVID BROWN FORMER SVP CAO AMBULATORY CARE	0.00 55.00						X	0	797,114	164,344
DEBBIE BURTON FORMER SVP CHIEF NURSING OFFICER	0.00 60.00						X	0	710,092	170,287

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK MUDD FORMER SVP/MISSION LEADERSHIP	0.00 29.00						X	0	802,158	6,452
KRISTA FARNHAM CHIEF EXEC PORTLAND MEDICAL CENTER	50.00 0.00				X			0	491,475	160,892
MELISSA DAMM CFO OR REGION	50.00 0.00				X			0	303,849	72,644
DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT	7.00 53.00			X				0	222,743	19,991
TERRY SMITH FORMER SVP/MANAGEMENT SVCS	0.00 0.00						X	0	156,620	13,839
TAMMY TEODOSIO FORMER ASSISTANT SECRETARY	7.00 53.00						X	0	133,465	24,894
DAVE OLSEN BOARD CHAIR	1.00 6.10	X						0	65,360	0
RICHARD BLAIR PAST CHAIR	1.00 6.80	X						0	50,360	0
ISIAAH CRAWFORD PHD DIRECTOR	1.00 3.20	X						0	46,550	0
DICK P ALLEN DIRECTOR	1.00 4.10	X						0	40,789	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			
MICHAEL HOLCOMB DIRECTOR	1.00 4.60	X						0	40,391	0
CAROLINA REYES MD DIRECTOR	1.00 5.10	X						0	40,360	0
MARY LYONS PHD DIRECTOR	1.00 3.70	X						0	40,360	0
PHOEBE YANG DIRECTOR	1.00 4.60	X						0	30,360	0
CHARLES SORENSON MD DIRECTOR	0.10 5.00	X						0	30,360	0
LYDIA MARSHALL DIRECTOR	0.10 5.00	X						0	22,860	0
SISTER DIANE HEJNA CSJ RN DIRECTOR	1.00 4.40	X						0	0	0
KATHARIN DYER DIRECTOR	0.10 5.00	X						0	0	0
MICHAEL MURPHY DIRECTOR	0.10 5.00	X						0	0	0
SISTER LUCILLE DEAN SP DIRECTOR	1.00 4.60	X						0	0	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			
SISTER PHYLLIS HUGHES RSM DRPH DIRECTOR	1.00 4.10	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,301,948
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		324,805
j	Total. Add lines 1c through 1i			3,626,753
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: SUPPORT FOR THE OREGONIANS FOR A SMOKE FREE TOMORROW AND PORTLANDERS FOR SAFE AND HEALTHY SCHOOLS. ADDITIONALLY, A PORTION OF THE DUES PAID TO THE OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS AND THE AMERICAN HOSPITAL ASSOCIATION ARE ASSOCIATED WITH LOBBYING ACTIVITIES.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 7/25/06, 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		106,841,681		106,841,681
b Buildings		1,526,335,580	965,443,139	560,892,441
c Leasehold improvements		57,573,467	26,391,261	31,182,206
d Equipment		1,386,657,967	1,181,485,277	205,172,690
e Other		111,729,699		111,729,699
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,015,818,717

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)HEALTHCARE JOINT VENTURES	29,130,024	C
(2)BENEFICIAL INTEREST IN FOUNDATION	449,744,391	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	478,874,415	

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	700,000
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	336,517,885

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION IS THE CUSTODIAN OF RESIDENTS FUNDS. THE AMOUNT OF FUNDS IS REPORTED AS AN ASSET AND AS A LIABILITY.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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: ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000000 %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was 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)		31,606	67,991,987	0	67,991,987	2.360 %
b Medicaid (from Worksheet 3, column a)		209,495	511,133,748	373,229,274	137,904,474	4.790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d **Total** Financial Assistance and Means-Tested Government Programs		241,101	579,125,735	373,229,274	205,896,461	7.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	119	168,185	7,810,106	374,222	7,435,884	0.260 %
f Health professions education (from Worksheet 5)	42	2,838	40,483,624	9,223,769	31,259,855	1.090 %
g Subsidized health services (from Worksheet 6)	27	3,044	18,947,330	11,386,961	7,560,369	0.260 %
h Research (from Worksheet 7)	4	0	43,927,958	31,971,208	11,956,750	0.420 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	212	119,776	11,192,058	1,690,631	9,501,427	0.330 %
j **Total.** Other Benefits	404	293,843	122,361,076	54,646,791	67,714,285	2.360 %
k **Total.** Add lines 7d and 7j	404	534,944	701,486,811	427,876,065	273,610,746	9.510 %

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	1	0	1,500	0	1,500	0 %
2	Economic development	2	0	1,052	0	1,052	0 %
3	Community support	36	14,219	550,500	144,577	405,923	0.010 %
4	Environmental improvements	2	25	2,900	1,500	1,400	0 %
5	Leadership development and training for community members	7	512	37,280	21,720	15,560	0 %
6	Coalition building	7	818	130,237	33,300	96,937	0 %
7	Community health improvement advocacy	10	2,626	94,374	6,900	87,474	0 %
8	Workforce development	3	100	112,498	6,000	106,498	0 %
9	Other	0	0				
10	Total	68	18,300	930,341	213,997	716,344	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
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	1,112,796,044
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,338,230,875
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-225,434,831
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

			Yes	No
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 PLAZA AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	41.620 %	0 %	48.220 %
2	2 SURGERY CENTER AT TANASBOURNE LLC	AMBULATORY SURGERY CENTER	76.500 %	0 %	81.500 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, 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): SEE PART V, SECTION C			
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, 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): SEE PART V, SECTION C			
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
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 PART V, SECTION C			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url): SEE PART V, SECTION C			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE NEWBERG MEDICAL CENTER (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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b ☑ Other website (list url): SEE PART V, 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	
If "Yes" (list url): SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROVIDENCE MEDFORD MEDICAL CENTER (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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b ☑ Other website (list url): SEE PART V, 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	
If "Yes" (list url): SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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. THE COST ACCOUNTING SYSTEM ADDRESSED ALL PATIENT SEGMENTS.

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:	AS A RESULT OF ADOPTING ASU 2014-09, THE HEALTH SYSTEM CONTINUED TO MAINTAIN AN ALLOWANCE FOR BAD DEBTS RELATED TO PERFORMANCE OBLIGATIONS SATISIFED PRIOR TO JANUARY 1, 2018. THESE ACCOUNTS HAVE ALL BEEN FULLY RESOLVED. THEREFORE, THE ALLOWANCE FOR BAD DEBTS HAS DECLINED TO $0 AS OF DECEMBER 31, 2019.THE HEALTH SYSTEM PROVIDED FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE. THE HEALTH SYSTEM ESTIMATED 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.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. THE H CWC CHNA IS AN EVALUATION OF THE COMMUNITY'S KEY HEALTH INDICATORS OF THE COMMUNITY. DATA WAS AGGREGRATED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES AND MANAGED BY THE DATA WORKG ROUP 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 OT HER PURPOSES, BUT PROVIDES VALUABLE CONTEXT AND INFORMATION FOR THE ASSESSMENT.PRIMARY DAT A WAS COLLECTED THROUGH SEVERAL METHODS INCLUDING:- TOWN HALLS 4 TOWN HALLS WERE CONDUCTED , ONE IN EACH COUNTY, BRINGING TOGETHER COMMUNITY LEADERS AND REPRESENTATIVES FROM COMMUNI TY-BASED ORGANIZATIONS. THE RESULTS WERE USED TO INFORM THE STRUCTURE AND CONTENT OF LISTE NING SESSIONS.- LISTENING SESSIONS HCWC WORKED WITH CBOS TO HOST 18 LISTENING SESSIONS FRO M OCTOBER THROUGH DECEMBER 2018. EVENTS WERE DESIGNED TO BRING TOGETHER COMMUNITY MEMBERS TO SHARE LIVED EXPERIENCES THROUGH FACILITATED GROUP SESSIONS. SEVERAL WERE HELD IN SPANIS HAND COMMUNITY ENGAGEMENT ACTIVITIES THAT INCLUDED TOWN HALLS LISTENING SESSIONS, LITERATU RE REVIEW, AND A COMMUNITY HEALTH SURVEY.ACROSS THE HCWC REGION, SECONDARY DATA AGGREGATED AND UTILIZED INCLUDED COUNTY PUBLIC HEALTH DATA REGARDING HEALTH BEHAVIORS, MORBIDITY, AN D MORTALITY; HOSPITAL UTILIZATION/DISCHARGES AND CCO DATA FOR THE UNINSURED AND MEMBERS OF THE OREGON HEALTH PLAN. HCWC MEMBER ORGANIZATIONS ARE COMMITTED TO ADDRESSING HEALTH DISP ARITIES AND INEQUITIES. THE 2019 HCWC CHNA INCLUDES DATA ON REGIONAL DISPARITIES AND TAKEN STRIDES TO MAKE SURE DIVERSE COMMUNITY PERSPECTIVES ARE INCLUDED--NOT ONLY ABOUT WHAT THE NEEDS ARE, BUT HOW THEY CAN BE ADDRESSED. HCWC RECOGNIZES THAT INCLUDING PEOPLE AFFECTED BY HEALTH INEQUITIES IN THE ASSESSMENT AND PLANNING PROCESS IS A KEY STRATEGY TO ENSURE HE ALTH IMPROVEMENT ACTIVITIES WILL BE SUCCESSFUL.HCWC ALIGNS THE EFFORTS OF HOSPITALS, PUBLI C HEALTH, CCOS, AND THE RESIDENTS OF THE COMMUNITIES THEY SERVE TO DEVELOP A SHARED COMMUN ITY HEALTH NEEDS ASSESSMENT ACROSS THE FOUR-COUNTY REGION. HCWC AIMS TO ELIMINATE DUPLICAT IVE EFFORTS, PRIORITIZE NEEDS, AND ENABLE COLLABORATIVE EFFORTS TO IMPLEMENT AND TRACK IMP ROVEMENT ACTIVITIES ACROSS THE FOUR-COUNTY REGION. NEEDS ASSESSMENT:PROVIDENCE HOOD RIVER MEMORIAL HOSPITALIN THE COLUMBIA GORGE REGION, PHRMH IS A FOUNDING MEMBER OF THE COLUMBIA GORGE HEALTH COUNCIL, A PUBLIC-PRIVATE PARTNERSHIP BRINGING TOGETHER SEVENTEEN ORGANIZATIO NS INCLUDING FOUR HOSPITALS, SEVEN COUNTIES, THE COORDINATED CARE ORGANIZATION, SEVERAL SO CIAL SERVICE AGENCIES AND A DENTAL PROVIDER, TO PRODUCE A SHARED REGIONAL NEEDS ASSESSMENT .RESPONDING TO THE NUMBER OF NEEDS IDENTIFIED IN THE 2019 CHNA, PROVIDENCE DEVELOPED FOUR TOPIC CATEGORIES: SOCIAL DETERMINANTS OF HEALTH RESULTING FROM POVERTY AND INEQUITY; CHRON IC HEALTH CONDITIONS; COMMUNITY MENTAL HEALTH/WELL-BEING AND SUBSTANCE USE DISORDERS; AND ACCESS TO HEALTH SERVICES. THESE FINDINGS ARE GUIDING DEVELOPMENT OF COLLABORATIVE SOLUTIO NS TO FULFILL 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 DEMONST RATE DIVERSIFICATION, PARTICULARLY IN THE LATINX COMMUNITIES.ACROSS THE COLUMBIA GORGE REG ION, INFORMATION COLLECTED INCLUDES: COUNTY PUBLIC HEALTH DATA REGARDING HEALTH BEHAVIORS; MORBIDITY AND MORTALITY; HOSPITAL UTILIZATION DATA; A COMMUNITY HEALTH SURVEY WITH OVER 8 20 RESPONSES. NEEDS ASSESSMENT:PROVIDENCE SEASIDE HOSPITAL AND PROVIDENCE NEWBREG MEDICAL CENTERTHE CHNA IS AN EVALUATION OF KEY HEALTH INDICATORS OF THE COMMUNITY. INFORMATION FOR THIS ASSESSMENT COMES FROM BOTH PRIMARY AND SECONDARY DATA. PRIMARY DATA IS INFORMATION T HAT HAS BEEN COLLECTED SPECIFICALLY FOR THE PURPOSES OF THIS ASSESSMENT. SECONDARY DATA IS INFORMATION THAT HAS BEEN COLLECTED BY OTHERS OR FOR OTHER PURPOSES, BUT PROVIDES VALUABL E CONTEXT AND INFORMATION FOR THE ASSESSMENT.PRIMARY DATA:IT INCLUDES A COMMUNITY HEALTHY SURVEY, KEY STAKEHOLDER INTERVIEWS, COMMUNITY LISTENING SESSIONS AND HOSPITAL UTILIZATION DATA.- COMMUNITY HEALTH SURVEY - THIS WAS A 43-QUESTION SURVEY BASED ON NATIONALLY VALIDAT ED TOOLS, THAT WAS MAILED TO 1,000 RESIDENTIAL ADDRESSES IN CLATSOP COUNTY DURING SPRING 2 019, ADMINISTERED BY THE CENTER FOR OUTCOMES RESEARCH AND EDUCATION (CORE). - KEY STAKEHOL DER INTERVIEWS - A SERIES OF INTERVIEWS OCCURRED IN AUGUST 2019 WITH INDIVIDUALS WHO HAVE PARTICULAR EXPERTISE OR PERSPECTIVE IN THE HEALTH OF CLATSOP COUNTY RESIDENTS. - MICRONARR ATIVES - PSH WORKED WITH THE COLUMBIA PACIFIC CCO, TO COLLECT FIRST HAND STORIES USING A M ICRO-NARRATIVE RESEARCH APPROACH CALLED SENSEMAKER

Form and Line Reference	Explanation
PART VI, LINE 2:	. A CORE TEAM OF CPCCO STAFF, COMMUNITY ADVISORY COUNCIL MEMBERS, COMMUNITY PARTNERS, AND VOLUNTEERS (INCLUDING CPCCO HEALTH PLAN MEMBERS) PREPARED A SURVEY ADDRESSING THE REGION'S UNIQUE NEEDS. MORE THAN 1,200 MICRO-NARRATIVES FROM CLATSOP, COLUMBIA, AND TILLAMOOK COUN TY RESIDENTS WERE COLLECTED AND ANALYZED. EACH NARRATIVE DESCRIBED A PERSONAL, UNIQUE EXPE RIENCE RELATED TO HEALTH AND WELL-BEING. RESULTS WERE REVIEWED IN A WORKSHOP AND INCLUDED THE PRESENTATION OF STATISTICALLY SIGNIFICANT FINDINGS, ALLOWING FOR COMMON THEMES TO BE I DENTIFIED.- HOSPITAL UTILIZATION DATA - AN IMPORTANT INDICATOR OF A COMMUNITY'S HEALTH IS ITS ACCESS TO APPROPRIATE LEVELS OF CARE. THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) DEFINED A LIST OF CONDITIONS AND DIAGNOSTIC CODES THAT SHOULD NOT RESULT IN AN EMERG ENCY DEPARTMENT VISIT WITH APPROPRIATE ACCESS TO PRIMARY CARE. WE LOOKED AT INFORMATION FO R EMERGENCY DEPARTMENT UTILIZATION FOR THESE CONDITIONS AMONGST INDIVIDUALS IDENTIFIED AS UNINSURED, MEDICAID, OR DUAL ELIGIBLE (MEDICARE AND MEDICAID) OVER A ONE-YEAR PERIOD FROM MAY 2018 THROUGH APRIL 2019.SECONDARY DATA:THIS IS INFORMATION THAT HAS BEEN COLLECTED OR REPORTED FROM OTHER SOURCES OR FOR DIFFERENT REASONS OTHER THAN THE NEEDS ASSESSMENT. THIS INCLUDES COLUMBIA PACIFIC CCO 2019 HEALTH NEEDS ASSESSMENT, OREGON DEPARTMENT OF EDUCATIO N REPORTS, COUNTY HEALTH RANKINGS, THE OREGON HEALTHY TEENS SURVEY REPORT AND THE ANNIE E. CASEY KIDS COUNT DATA BOOK.NEEDS ASSESSMENT:PROVIDENCE MEDFORD MEDICAL CENTERPMMC IS A ME MBER OF THE JRHA, A COLLABORATION OF REGIONAL COMMUNITY LEADERS LEARNING AND WORKING TOGET HER TO IMPROVE THE HEALTH CARE RESOURCES OF SOUTHERN OREGONIANS. THE COLLABORATIVE INCLUDE S ALLCARE HEALTH, ASANTE, JACKSON COUNTY PUBLIC HEALTH, JACKSON CARE CONNECT, OREGON STATE UNIVERSITY EXTENSION SERVICE, PRIMARY HEALTH AND PROVIDENCE HEALTH & SERVICES. THE JRHA C HNA INCLUDES PRIMARY DATA FROM SURVEY RESPONSES, FOCUS GROUPS, INTERVIEWS WITH KEY STAKEHO LDERS, COMMUNITY FORUMS AND SECONDARY DATA INCLUDING HOSPITAL UTILIZATION, PUBLIC HEALTH D ATA, AND OTHER PUBLIC DATA SETS.RESPONDING TO THE NUMBER OF NEEDS IDENTIFIED IN THE 2019 C HNA, PROVIDENCE DEVELOPED FOUR TOPIC CATEGORIES: SOCIAL DETERMINANTS OF HEALTH RESULTING F ROM POVERTY AND INEQUITY; CHRONIC HEALTH CONDITIONS; COMMUNITY MENTAL HEALTH/WELL-BEING AN D SUBSTANCE USE DISORDERS; AND ACCESS TO HEALTH SERVICES. THESE FINDINGS ARE GUIDING DEVEL OPMENT OF COLLABORATIVE SOLUTIONS TO FULFILL UNMET NEEDS FOR SOME OF THE MOST VULNERABLE G ROUPS OF PEOPLE IN COMMUNITIES WE SERVE. OUR WORK IS ALSO INFORMED BY POPULATION DEMOGRAPH ICS, WHICH CONTINUES TO DEMONSTRATE DIVERSIFICATION, PARTICULARLY IN THE LATINX COMMUNITIE S.

Form and Line Reference	Explanation
PART VI, LINE 3:	COMMUNICATION TO THE PUBLIC:REPORTING GROUP A, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL, PR OVIDENCE 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 THROUGHOU T THE HOSPITAL SUCH AS ADMITTING/REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OT HER OUTPATIENT SETTINGS.EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES CONTAI NS BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT. TH E 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 KNOWLEDG EABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES. TRAINING IS PRO VIDED TO STAFF MEMBERS (I.E., BILLING OFFICE, FINANCIAL DEPARTMENT, ETC.) WHO DIRECTLY INT ERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS.WHEN COMMUNICATING TO PATIENTS REGARDIN G THEIR FINANCIAL ASSISTANCE POLICIES, PROVIDENCE ATTEMPTS TO DO SO IN THE PRIMARY LANGUAG E OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WI TH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.PROVIDENCE SHARES THEIR FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTH ER ORGANIZATIONS THAT ASSIST SUCH PATIENTS.PART VI, LINE 4COMMUNITY INFORMATION:REPORTING GROUP ATHE PORTLAND SERVICE AREA FOR PROVIDENCE IN OREGON INCLUDES PRIMARILY CLACKAMAS, MU LTNOMAH, AND WASHINGTON COUNTIES. CLACKAMAS COUNTY:THE CURRENT POPULATION OF CLACKAMAS COU NTY IS NEARLY 395,000, WHICH REPRESENTS SLIGHTLY OVER 11 PERCENT GROWTH SINCE 2000. CLACKA MAS COUNTY HAS BEEN DIVERSIFYING, WITH THE FOREIGN-BORN POPULATION INCREASING MORE THAN 19 PERCENT SINCE 2005, AND THE LATINO POPULATION INCREASING NEARLY 74 PERCENT FROM 2000 TO 2 010. THE AGE DISTRIBUTION IS FAIRLY NORMAL, WITH THE MALE-TO-FEMALE RATIO BEING APPROXIMAT ELY 1:1 UNTIL AGE 65, WHEN FEMALES BECOME A GREATER PROPORTION OF THE POPULATION. THIS DIF FERENCE IS CLEAREST OVER THE AGE OF 85, WHERE THERE ARE NEARLY 2 SURVIVING FEMALES FOR EAC H MALE. THERE IS A GREATER PROPORTION OF ADULTS OVER AGE 65 IN CLACKAMAS COUNTY COMPARED T O OTHER COUNTIES IN THE PORTLAND METRO AREA.AMONG CLACKAMAS COUNTY RESIDENTS IN 2016, 91.5 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 8.5 PERCENT WERE HISPANIC OR LATINO, 4.3 PERCEN T ASIAN OR PACIFIC ISLANDER, LESS THAN 1 PERCENT WERE AFRICAN AMERICAN OR BLACK, LESS THAN ONE PERCENT WERE ALASKA NATIVE OR AMERICAN INDIAN, AND NEARLY 3 PERCENT IDENTIFIED AS TWO OR MORE RACES.IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR CLACKAMAS COUNTY WAS $65,965, WHIC H IS NEARLY $10,000 HIGHER THAN NEIGHBORING MULTNOMAH COUNTY. CLACKAMAS COUNTY IS HOME TO SOME OF THE WEALTHIEST AREAS IN OREGON, SUCH AS LAKE OSWEGO, AS WELL AS MORE RURAL AREAS S UCH AS ESTACADA. CLACKAMAS COUNTY'S UNEMPLOYMENT RATE WAS 3.7 PERCENT IN DECEMBER 2016. TH E STATE'S OVERALL UNEMPLOYMENT RATE WAS 4.5 PERCENT, COMPARED TO THE NATIONAL AVERAGE OF 4 .7 PERCENT AT THE SAME TIME.MULTNOMAH COUNTY:THE CURRENT POPULATION OF MULTNOMAH COUNTY IS OVER 777,000, WHICH REPRESENTS SLIGHTLY OVER 11 PERCENT GROWTH SINCE 2000. MULTNOMAH COUN TY HAS BEEN DIVERSIFYING, WITH THE FOREIGN-BORN POPULATION INCREASING NEARLY 20 PERCENT SI NCE 2005, AND THE LATINO POPULATION INCREASING ABOUT 62 PERCENT FROM 2000 TO 2010.THE AGE DISTRIBUTION IS FAIRLY NORMAL, WITH THE MALE-TO-FEMALE RATIO BEING APPROXIMATELY 1:1 UNTIL AGE 65, WHEN FEMALES BECOME A GREATER PROPORTION OF THE POPULATION. THIS DIFFERENCE IS CL EAREST OVER THE AGE OF 85, WHERE THERE ARE SLIGHTLY MORE THAN 2 SURVIVING FEMALES FOR EACH MALE. MULTNOMAH COUNTY IS THE MOST POPULATED COUNTY IN THE PORTLAND METRO AREA, WITH A GR EATER PROPORTION OF INDIVIDUALS AGED BETWEEN 25 AND 44 COMPARED TO OTHER COUNTIES.AMONG MU LNTOMAH COUNTY RESIDENTS IN 2016, 70.9 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 11.5 PERC ENT WERE HISPANIC OR LATINO, 7.5 PERCENT ASIAN OR PACIFIC ISLANDER, SLIGHTLY MORE THAN 5 P ERCENT WERE AFRICAN AMERICAN OR BLACK, LESS THAN ONE PERCENT WERE ALASKA NATIVE OR AMERICA N INDIAN, AND 4 PERCENT IDENTIFIED AS TWO OR MORE RACES.IN 2015, THE MEDIAN HOUSEHOLD INCO ME FOR MULTNOMAH COUNTY WAS $54,102, WHICH IS APPROXIMATELY $1,600 BELOW THE NATIONAL AVER AGE. MULTNOMAH COUNTY'S UNEMPLOYMENT RATE WAS 3.5 PERCENT IN DECEMBER 2016, THE LOWEST RAT E SINCE 2000. THE STATE'S OVERALL UNEMPLOYMENT RATE WAS 4.5 PERCENT, COMPARED TO THE NATIO NAL AVERAGE OF 4.7 PERCENT AT THE SAME TIME.WASHINGTON COUNTY:THE CURRENT POPULATION OF WA SHINGTON COUNTY IS OVER 585,000, WHICH REPRESENTS SLIGHTLY OVER 20 PERCENT GROWTH SINCE 20 00. WASHINGTON COUNTY HAS BEEN DIVERSIFYING, WITH THE FOREIGN-BORN POPULATION INCREASING N EARLY 11 PERCENT SINCE 2005, AND THE LATINO POPULATION INCREASING OVER 67 PERCENT FROM 200 0 TO 2010. THE AGE DISTRIBUTION IS FAIRLY NORMAL,

Form and Line Reference	Explanation
PART VI, LINE 3:	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, WHER E THERE ARE NEARLY 2 SURVIVING FEMALES FOR EACH MALE.AMONG WAHINGTON COUNTY RESIDENTS IN 2 016, 67.4 PERCENT IDENTIFIED AS WHITE NON-HISPANIC, 16.2 PERCENT WERE HISPANIC OR LATINO, 10.2 PERCENT ASIAN OR PACIFIC ISLANDER, SLIGHTLY LESS THAN 2 PERCENT WERE AFRICAN AMERICAN OR BLACK, LESS THAN ONE PERCENT WERE ALASKA NATIVE OR AMERICAN INDIAN, AND 3.6 PERCENT ID ENTIFIED AS TWO OR MORE RACES.IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR WASHINGTON COUNTY W AS $66,754, WHICH IS NEARLY $12,000 HIGHER THAN NEIGHBORING MULTNOMAH COUNTY AND MORE THAN $12,000 ABOVE THE NATIONAL AVERAGE. WASHINGTON COUNTY'S UNEMPLOYMENT RATE WAS 3.4 PERCENT IN DECEMBER 2016. THE STATE'S OVERALL UNEMPLOYMENT RATE WAS 4.5 PERCENT, COMPARED TO THE NATIONAL AVERAGE OF 4.7 PERCENT AT THE SAME TIME.

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Form and Line Reference	Explanation
PART VI, LINE 4:	COMMUNITY INFORMATION:PROVIDENCE HOOD RIVER MEMORIAL HOSPITALPHRMH PRIMARILY SERVES HOOD RIVER COUNTY IN OREGON. PROVIDENCE HAS THREE HOSPITALS SERVING NEIGHBORING MULTNOMAH AND CLACKAMAS COUNTIES 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 KLICKITAT AND SKAMANIA COUNTIES IN WASHINGTON. THIS IS A COMBINED GEOGRAPHY OF 10,284 SQUARE MILES AND HOME TO A POPULATION OF APPROXIMATELY 88,000 INDIVIDUALS. AS OF 2019, THE TOTAL POPULATION OF HOOD RIVER COUNTY (PHRMH PRIMARY SERVICE AREA) WAS 23,377.NEARLY 31 PERCENT OF THE HOOD RIVER COUNTY POPULATION IDENTIFIES WITH HISPANIC ETHNICITY. OVER 95 PERCENT IDENTIFY THEIR RACE AS WHITE, 1.8 PERCENT ASIAN PACIFIC ISLANDER, AND 1.2 PERCENT AS OTHER.IN 2018 DOLLARS, THE MEDIAN HOUSEHOLD INCOME FOR HOOD RIVER COUNTY WAS $62,935 AND THE UNEMPLOYMENT RATE WAS 3.6 PERCENT IN APRIL 2019. THIS IS SLIGHTLY HIGHER THAN THE MEDIAN INCOME FOR THE STATE OF OREGON ($59,393) AND THE UNITED STATES ($60,293).COMMUNITY INFORMATION:PROVIDENCE SEASIDE HOSPITALINITIALLY HOME TO THE CHINOOK, CLATSOP, AND KATHLAMET TRIBES, CLATSOP COUNTY HAS HELD AN IMPORTANT ROLE IN THE HISTORY 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 MAJOR 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.2019 POPULATION ESTIMATES FROM THE US CENSUS DEPARTMENT SHOW 40,224 COUNTY RESIDENTS, REPRESENTING 8.6 PERCENT GROWTH SINCE 2010. APPROXIMATELY 22.4 PERCENT OF THE COUNTY'S POPULATION IS AT OR ABOVE AGE 65, WHICH IS CONSIDERABLY ABOVE THE NATIONAL AVERAGE OF 16 PERCENT AND OREGON'S AVERAGE OF 17.6 PERCENT.IN 2018 DOLLARS, THE MEDIAN HOUSEHOLD INCOME FOR CLATSOP COUNTY WAS $52,583 AND THE UNEMPLOYMENT RATE WAS 3.2 PERCENT IN DECEMBER 2019. THIS IS CONSIDERABLY LOWER THAN THE MEDIAN INCOME FOR THE STATE OF OREGON ($59,393) AND SLIGHTLY LOWER THAN THE UNITED STATES ($60,293).THE SHARE OF YAMHILL COUNTY RESIDENTS WHO ARE UNINSURED WAS ESTAIMATED TO BE 9.6 PERCENT IN 2019, THOUGH THERE ARE MANY DIFFERENT ESTIMATES DUE TO THE NUMBER OF SEASONAL WORKERS IN THE FISHING AND BEACH COMMUNITIES.COMMUNITY INFORMATION:PROVIDENCE NEWBERG MEDICAL CENTERPNMC 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.2019 POPULATION ESTIMATES FROM THE US CENSUS DEPARTMENT SHOW 107,100 COUNTY RESIDENTS, REPRESENTING SLIGHTLY LESS THAN 10 PERCENT GROWTH SINCE 2010. THE COUNTY FOLLOWS A FAIRLY NORMAL DISTRIBUTION BY AGE AND GENDER, WITH MORE SURVIVING FEMALES THAN MALES AT OLDER AGES. APPROXIMATELY 17.1 PERCENT OF THE COUNTY'S POPULATION IS AT OR ABOVE AGE 65, WHICH IS SLIGHTLY ABOVE THE NATIONAL AVERAGE.IN 2018 DOLLARS, THE MEDIAN HOUSEHOLD INCOME FOR YAMHILL COUNTY WAS $59,484 AND THE UNEMPLOYMENT RATE WAS 3.9 PERCENT THROUGH 2019. THIS IS SLIGHTLY HIGHER THAN THE MEDIAN INCOME FOR THE STATE OF OREGON ($59,393) AND SLIGHTLY LOWER THAN THE UNITED STATES ($60,293).THE SHARE OF YAMHILL COUNTY RESIDENTS WHO ARE UNINSURED WAS ESTAIMATED TO BE 9.2 PERCENT IN 2019, THOUGH THERE ARE MANY DIFFERENT ESTIMATES DUE TO THE NUMBER OF MIGRANT AND SEASONAL FARMWORKERS IN THE REGION. COMMUNITY INFORMATION:PROVIDENCE MEDFORD MEDICAL CENTERPMMC PRIMARILY SERVES JACKSON COUNTY IN SOUTHERN OREGON. MEDFORD (POP 82,347) IS THE PRIMARY URBAN CENTER IN AN OTHERWISE RURAL OREGON COUNTY COVERING 2,804 SQUARE MILES. THE SECONDARY SERVICE AREA INCLUDES JOSEPHINE COUNTY AND SURROUNDING AREA IS KNOWN FOR ITS AGRICULTURE, ROGUE RIVER, AND THE ANNUAL SHAKESPEARE FESTIVAL IN ASHLAND.AS OF 2019, JACKSON COUNTY IS HOME TO APPROXIMATELY 221,000 RESIDENTS. THE AREA'S MEDIAN HOUSEHOLD INCOME IS $50,851 AND THE 2018 PER CAPITA INCOME WAS $28,728, LOWER THAN THE STATE OF OREGON AS A WHOLE ($59,393 AND $32,045, RESPECTIVELY). JACKSON AND JOSEPHINE COUNTIES ARE EXPERIENCING POPULATION GROWTH, ESPECIALLY AMONG THE HISPANIC/LATINO POPULATION. THE VAST MAJORITY OF JACKSON COUNTY RESIDENTS (82.2 PERCENT) IDENTIFY AS WHITE NON-HISPANIC. THE SECOND LARGEST POPULATION GROUP IN JACKSON COUNTY IS INDIVIDUALS WHO IDENTIFY AS HISPANIC/LATINO, MAKING UP 11.9 PERCENT OF THE POPULATION. COMPARED TO OREGON OVERALL, THE REGION HAS A HIGHER PROPORTION OF RESIDENTS WHO IDENTIFY AS WHITE AND THOSE WHO ARE AGED 65 AND OVER.

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Form and Line Reference	Explanation
PART VI, LINE 5:	COMMUNITY HEALTH PROMOTION:REPORTING GROUP A, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL, PROVIDENCE SEASIDE HOSPITAL, PROVIDENCE NEWBERG MEDICAL CENTER & PROVIDENCE MEDFORD MEDICAL CENTERAS A NOT-FOR-PROFIT CATHOLIC HEALTH CARE MINISTRY, PROVIDENCE HEALTH & SERVICES EMBRACES ITS RESPONSIBILITY TO PROVIDE FOR THE NEEDS OF THE COMMUNITIES IT SERVES - ESPECIALLY THE POOR AND VULNERABLE. PROVIDENCE'S NOT-FOR-PROFIT, TAX-EXEMPT STATUS ENABLES PROVIDENCE TO SERVE ITS COMMUNITIES, TO SOLICIT DONATIONS THROUGH ITS FOUNDATIONS AND TO RESPOND TO COMMUNITY NEEDS THAT OTHERWISE WOULD GO UNMET. HEALTH CARE IS FUNDAMENTALLY DIFFERENT FROM MOST OTHER GOODS AND SERVICES. IT IS ABOUT THE MOST HUMAN AND INTIMATE NEEDS OF PEOPLE, THEIR FAMILIES AND COMMUNITIES. PROVIDENCE'S EXECUTIVES ARE ENGAGED ON MANY LOCAL AREA BOARDS, INCLUDING CCO LEADERSHIP, AND SOCIAL SERVICE ORGANIZATIONS. CAREGIVERS (EMPLOYEES) ARE DEEPLY COMMITTED TO THE MISSION AND MANY VOLUNTEER THEIR TIME AT NON-PROFIT AND SOCIAL SERVICE AGENCIES. IN EACH SERVICE AREA, PH&S OREGON HAS A SERVICE AREA ADVISORY COUNCIL MADE UP OF COMMUNITY LEADERS, PRIMARY CARE PROVIDERS, AND HOSPITAL LEADERSHIP. THIS ADVISORY COUNCIL HAS SEVERAL RESPONSIBILITIES, INCLUDING OVERSIGHT AND APPROVAL OF THE NEEDS ASSESSMENT, IMPROVEMENT PLANS, MISSION INTEGRATION, AND COMMUNITY BENEFIT INVESTMENTS. THE PORTLAND SERVICE AREA ADVISORY COUNCIL INCLUDES REPRESENTATION FROM BEHAVIORAL HEALTH PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, FIRE & RESCUE, SCHOOLS, PRIMARY CARE PROVIDERS, SPECIALTY PROVIDERS, AND PRIVATE CITIZENS. THE ADVISORY COUNCIL REPORTS TO THE OREGON COMMUNITY MINISTRY BOARD FOR PROVIDENCE HEALTH & SERVICES, AND INCLUDES SEVERAL SUB-COMMITTEES. ONE SUCH SUB-COMMITTEE IS THE COMMUNITY BENEFIT SUB-COMMITTEE, WHICH MEETS SEVERAL TIMES OVER THE COURSE OF THE YEAR TO DETERMINE PRIORITY FUNDING AREAS, SOLICIT AND REVIEW APPLICATIONS FOR FUNDING FROM LOCAL NON-PROFIT ORGANIZATIONS WORKING TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, AND MAKE FUNDING RECOMMENDATIONS TO THE FULL COUNCIL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (LEGACY PHS) AND ST. JOSEPH HEALTH SYSTEM (LEGACY 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 51 HOSPITALS AND OVER 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

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Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	OR,WA,CA,MT,AK

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
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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: PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL (PHRMH) IS A PARTICIPATING MEMBER OF THE COLUMBIA GORGE REGIONAL HEALTH ASSESSMENT. THIS ASSESSMENT WAS COMPLETED BY SEVENTEEN COMMUNITY PARTNERS WHO CONTRIBUTED FUNDS, DATA AND INPUT TO THE CHNA. WORKING GROUP MEMBERS INCLUDED THOSE FROM PUBLIC HEALTH DEPARTMENTS, CCOS, HOSPITALS AND OTHER COMMUNITY STAKEHOLDERS. INPUT WAS AMASSED THROUGH MAIL AND HAND-FIELDED SURVEYS TO COMMUNITY MEMBERS, CCO-MEMBER FEEDBACK AND THE WEALTH OF KNOWLEDGE ATTAINED FROM WORKING GROUP MEMBERS. MORE INFORMATION IS AVAILABLE IN THE FULL DOCUMENT. PHRMH'S ADVISORY COUNCIL APPROVES THE CHNA AND INCLUDES A SUB-COMMITTEE COMPOSED OF PUBLIC HEALTH DEPARTMENTS, SCHOOLS, COUNTY PREVENTION DEPARTMENT, COUNTY MENTAL HEALTH, COMMUNITY HEALTH WORKERS FOCUSED ON THE LATINO POPULATION, HEALTH LITERACY EXPERTS, AND MORE. 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 SEASIDE HOSPITAL (PSH) TOOK INTO ACCOUNT INPUT FROM MANY INDIVIDUALS AND ORGANIZATIONS. THROUGH A MIXED METHODS APPROACH EMPLOYING QUANTITATIVE AND QUALITATIVE DATA, THE CHNA PROCESS USED SEVERAL SOURCES OF INFORMATION TO IDENTIFY COMMUNITY NEEDS. ACROSS THE NORTH COAST COMMUNITY IN CLATSOP COUNTY, INFORMATION DATA COLLECTED INCLUDES: PUBLIC HEALTH DATA REGARDING HEALTH BEHAVIORS, MORBIDITY, AND MORTALITY DATA, HOSPITAL DISCHARGE AND UTILIZATION DATA, AND EMERGENCY DEPARTMENT SPECIFIC PRIMARY DIAGNOSES. TWO LARGE-SCALE METHODS WERE EMPLOYED TO GAIN MORE DIVERSE AND DIRECT COMMUNITY REPRESENTATION. A MAILED COMMUNITY HEALTH SURVEY WAS CONDUCTED USING AN ADDRESS-BASED RANDOM-SAMPLING OF CLATSOP COUNTY RESIDENTS, YIELDING 160 RESPONSES. EFFORT WAS MADE TO ADVANCE INPUT FROM MEDICALLY UNDERSERVED COMMUNITIES WHO ARE LOW-INCOME AND REPRESENT A DIVERSE SAMPLING OF THE CLATSOP COUNTY POPULATION. A COMMUNITY-WIDE EFFORT WAS ACCOMPLISHED IN THE IMPLEMENTATION OF A MICRO-NARRATIVE STORY COLLECTION PROCESS, INCLUDING OVER 1,200 NORTH COAST RESIDENTS. FURTHER COMMUNITY INPUT WAS RECEIVED THROUGH 6 SEMI-STRUCTURED KEY STAKEHOLDER INTERVIEWS HELD WITH ORGANIZATIONAL AND COMMUNITY LEADERS. KEY STAKEHOLDERS WERE ASKED TO REPRESENT THEIR ORGANIZATIONS AND CLIENTS AND INCLUDED THE PARKS AND RECREATION DIRECTOR, THE ED OF NORTHWEST SENIOR AND DISABILITY SERVICES, INTERIM ED CLATSOP CAP, COO OF THE REGIONAL FOOD BANK, INTERIM ED LOWER COLUMBIA HISPANIC COUNCIL, CEO AND DEVELOPMENT DIRECTOR HELPING HANDS.

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 NEWBERG MEDICAL CENTER (PNMC) TOOK INTO ACCOUNT INPUT FROM MANY INDIVIDUALS AND ORGANIZATIONS. THROUGH A MIXED-METHODS APPROACH USING QUANTITATIVE AND QUALITATIVE DATA, THE CHNA PROCESS USED SEVERAL SOURCES OF INFORMATION TO IDENTIFY COMMUNITY NEEDS. ACROSS THE YAMHILL COUNTY COMMUNITY, INFORMATION COLLECTED INCLUDES PUBLIC HEALTH STATUS INDICATORS RELATED TO HEALTH BEHAVIORS, HOSPITAL DISCHARGE AND UTILIZATION DATA, HOSPITAL MORTALITY/MORBIDITY, AND EMERGENCY DEPARTMENT SPECIFIC PRIMARY DIAGNOSES. IN ADDITION, 2 SEPARATE LISTENING SESSIONS WERE HELD INVOLVING THOSE IN UNDERSERVED COMMUNITIES ALONG WITH 10 STAKEHOLDER INTERVIEWS WITH ORGANIZATIONAL AND COMMUNITY LEADERS. A MAILED COMMUNITY HEALTH SURVEY WAS CONDUCTED USING AN ADDRESS-BASED RANDOM-SAMPLING OF YAMHILL COUNTY RESIDENTS, YIELDING 118 RESPONSES. EFFORT WAS MADE TO GAIN INPUT FROM MEDICALLY UNDERSERVED COMMUNITIES WHO ARE LOW-INCOME AND REPRESENT A DIVERSE SAMPLING OF THE YAMHILL COUNTY POPULATION. 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. THESE INDIVIDUALS INCLUDED THE DIRECTOR OF LUTHERAN FAMILY SERVICES, THE SUPERINTENDANT OF NEWBERG SCHOOLS, THE MAYOR, THE YCAP DIRECTOR, DIRECTOR OF THE NEWBERG BEHAVIORAL HEALTH COALITION, LEAD PROMOTORA FOR YAMHILL COUNTY, PROVIDERS AT CAPITAL DENTAL AND THE ORAL HEALTH COALITION AND A REPRESENTATIVE OF FAMILY MEDICINE NEWBERG. SEVERAL OF THESE INDIVIDUALS AND OTHER PUBLIC EMPLOYEES REPRESENTING HIGH-NEEDS COMMUNITIES ACTIVELY PARTICIPATE ON PROVIDENCE'S YAMHILL SERVICE AREA ADVISORY COUNCIL. THEY WERE THEREFORE NOT ALL INTERVIEWED SEPARATELY.

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: PROVIDENCE MEDFORD MEDICAL CENTER (PMMC) IS A MEMBER OF JEFFERSON REGIONAL HEALTH ALLIANCE (JRHA), A COLLABORATION OF REGIONAL COMMUNITY LEADERS LEARNING AND WORKING TOGETHER TO IMPROVE THE HEALTH CARE RESOURCES OF SOUTHERN OREGONIANS. THE COLLABORATIVE INCLUDES ALLCARE HEALTH, ASANTE, JACKSON COUNTY PUBLIC HEALTH, JACKSON CARE CONNECT, OREGON STATE UNIVERSITY EXTENSION SERVICE, PRIMARY HEALTH AND PROVIDENCE HEALTH & SERVICES. THE JRHA CHNA AIMS TO IDENTIFY THE HEALTH-RELATED NEEDS AND STRENGTHS OF JACKSON AND JOSEPHINE COUNTIES THROUGH A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK, WHICH DEFINES HEALTH IN THE BROADEST SENSE AND RECOGNIZES NUMEROUS FACTORS FROM EMPLOYMENT TO HOUSING TO ACCESS TO CARE THAT HAVE AN IMPACT ON THE COMMUNITY'S HEALTH. SOCIAL, ECONOMIC, AND HEALTH DATA WERE DRAWN FROM EXISTING DATA SOURCES, SUCH AS THE U.S. CENSUS, OREGON HEALTH AUTHORITY, AND BOTH JACKSON AND JOSEPHINE COUNTY PUBLIC HEALTH, AMONG OTHERS. IN ADDITION TO AN ONLINE AND PAPER COMMUNITY SURVEY THAT ENGAGED OVER 1,100 RESIDENTS, APPROXIMATELY 170 INDIVIDUALS FROM MULTI-SECTOR ORGANIZATIONS, RESIDENTS, AND COMMUNITY STAKEHOLDERS PARTICIPATED IN COMMUNITY FORUMS, FOCUS GROUPS AND INTERVIEWS TO GATHER FEEDBACK ON COMMUNITY STRENGTHS, CHALLENGES AND PRIORITY HEALTH CONCERNS.ALTHOUGH THE 2018 JRHA CHNA FOR JACKSON AND JOSEPHINE COUNTIES WAS PRODUCED A YEAR EARLIER THAN PMMC REQUIRED, ADDITIONAL UPDATED DATA WAS INCLUDED AS APPROPRIATE THROUGH A SUPPLEMENTAL 2019 COMMUNITY HEALTH SURVEY CONDUCTED BY PROVIDENCE'S CORE GROUP.

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 COLLABORATIVE ASSESSMENT INCLUDED SEVERAL HOSPITAL PARTNERS BESIDES PHRMH: MID-COLUMBIA MEDICAL CENTER, KLICKITAT VALLEY HEALTH, AND SKYLINE HOSPITAL. AS IN THE PREVIOUS CHNA, PROVIDENCE WAS AN ACTIVE PARTICIPANT IN THAT PROCESS, AS WELL AS PRODUCING A STAND-ALONE EXECUTIVE SUMMARY SPECIFIC TO THE PHRMH SERVICE AREA.

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: PSH WAS AN ACTIVE PARTICIPANT IN THE DEVELOPMENT OF THE COLUMBIA PACIFIC CCO CHNA WHICH INCLUDED COLUMBIA MEMORIAL HOSPITAL. THE RESULTS OF THE COLUMBIA PACIFIC CCO CHNA WERE USED AS A REFERENCE DOCUMENT IN THE PSH 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 6A: PMMC AND ASANTE HOSPITAL ACTIVELY WORKED TOGETHER IN THE JRHA CHNA PROCESS.

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 EXECUTIVE SUMMARY 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, UNITED WAY OF THE COLUMBIA GORGE, EASTERN OREGON COORDINATED CARE ORGANIZATION AND ADVANTAGE DENTAL.

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 6B: PSH WAS AN ACTIVE PARTICIPANT IN THE DEVELOPMENT OF THE COLUMBIA PACIFIC CCO CHNA WHICH INCLUDED CLATSOP COUNTY HEALTH DEPARTMENT, CLATSOP BEHAVIORAL HEALTH, COLUMBIA COMMUNITY BEHAVIORAL HEALTH, COLUMBIA COUNTY HEALTH DEPARTMENT, TILLAMOOK COUNTY HEALTH DEPARTMENT.

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 6B: THE JRHA COLLABORATIVE INCLUDES ALLCARE HEALTH, JACKSON COUNTY PUBLIC HEALTH, JACKSON CARE CONNECT, OREGON STATE UNIVERSITY EXTENSION SERVICE, PRIMARY HEALTH AND REPRESENTATIVES OF COMMUNITY-BASED ORGANIZATIONS INCLUDING ADDICTIONS RECOVERY CENTER, LA CLINICA, ROGUE COMMUNITY HEALTH AND SEVERAL OTHERS.

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. ALTHOUGH A NEW CHNA WAS CREATED AND P UBLISHED PER FEDERAL GUIDELINES IN 2019, THE COMMENSURATE CHIP IS CURRENTLY UNDER DEVELOPM ENT AND WILL BE POSTED IN 2020.SOME SPECIFIC EXAMPLES OF ACTIVITIES TAKEN IN 2019 INCLUDE THE CONTINUED FUNDING A COMMUNITY-BASED COLLECTIVE IMPACT HEALTH SPECIALIST, WHOSE POSITIO N AT THE UNITED WAY OF THE COLUMBIA GORGE HAS BEEN BEEN EXCLUSIVELY SUPPORTED BY PROVIDENC E. THIS POSITION SERVES AS A GRANT-WRITER FOR COMMUNITY AT-LARGE PROJECTS ADDRESSING CHNA IDENTIFIED NEEDS, ASSISTING TO PROCURE SEVERAL MILLION DOLLARS IN GRANTS FOR THE GORGE REG ION SINCE 2014. THIS GRANT WRITING SUPPORT MODEL WAS RECOGNIZED BY THE ROBERT WOOD JOHNSON FOUNDATION IN THE CULTURE OF HEALTH PRIZE AND HELPED TO BRING BLUE ZONES TO THE GORGE. PR OVIDENCE REMAINS AN ACTIVE PARTICIPANT IN ENROLLMENT ASSISTANCE FOR HEALTH INSURANCE, PROV IDING ACCESS TO CARE REGARDLESS OF ABILITY TO PAY, INCREASING CARE FOR PATIENTS AND COMMUN ITY MEMBERS EXPERIENCING DISABILITIES OR CHRONIC CONDITIONS THROUGH THE VOLUNTEERS IN ACTI ON PROGRAM, PALLIATIVE CARE PROGRAMS AND SPECIFIC OUTREACH TO THE LATINO COMMUNITY, MAINTA INING A RURAL HEALTH RESIDENCY PROGRAM TO INCREASE PROVIDER EDUCATION AND ACCESS TO CARE I N RURAL AREAS, DIABETES EDUCATION PROGRAMS, MEDICATION ASSISTANCE PROGRAMS, AND CONTINUES TO BE AN ACTIVE PARTNER WITH THE REGIONAL CCO, DCO, AND MENTAL HEALTH PROVIDERS.ADDITIONAL LY, PROVIDENCE HAS ENGAGED WITH SEVERAL COMMUNITY ORGANIZATIONS TO ADDRESS THE NEEDS IDENT IFIED IN THE PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL CHNA AND THE SUBSEQUENT COMMUNITY HEA LTH IMPROVEMENT PLAN. PROVIDENCE AND REGIONAL STAKEHOLDERS CONTINUED THEIR COMMITMENT TO I DENTIFY AND PRIORITIZE CHILDHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHALLE NGE, THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIATIVE. THIS IS A MULTI-YEAR INITIATIVE, A ND IN 2019 INCLUDED PARTNERSHIP WITH GORGE GROWN AND WIC, "VEGGIES RX: HEALTHY MOMS HEALTH Y BABIES", TO SUPPORT PROGRAMS SPECIFIC TO GETTING FAMILIES NUTRITIONAL FOODS. ADDITIONALL Y, PROVIDENCE FUNDED THE COLUMBIA GORGE EDUCATION SERVICE DISTRICT TO IMPLEMENT "HEALTHY K IDS, HEALTHY COMMUNITIES; THE POWER OF PLAY". THE PROGRAM WORKS TO PREVENT CHILDHOOD OBESI TY THROUGH IMPROVED NUTRITION AND INCREASED OPPORTUNITIES FOR PHYSICAL ACTIVITY.THERE WAS AN EXTENSIVE LIST OF NEEDS AND ISSUES IDENTIFIED THROUGH THIS ASSESSMENT PROCESS AND THE O RGANIZATION IS UNABLE TO ADDRE

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)	SS ALL OF THEM DURING THIS CYCLE DUE TO FUNDING AND RESOURCE AVAILABILITY. THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON SUCH ISSUES, AND PH&S-OR WILL BE AN ENGAGED PARTNER W ITH OTHER COMMUNITY LED COLLABORATIVE EFFORTS.

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 AND IN FORCE THROUGH 2019. THE KEY IDENTIFIE D NEEDS LISTED IN THE FACILITY'S CHNA WERE GROUPED INTO FOUR MAJOR CATEGORIES: ACCESS TO P REVENTIVE 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 T RANSPORTATION. ALTHOUGH A NEW CHNA WAS CREATED AND PUBLISHED PER FEDERAL GUIDELINES IN 201 9, THE COMMENSURATE CHIP IS CURRENTLY UNDER DEVELOPMENT AND WILL BE POSTED IN 2020.PROVIDE NCE CONTINUED ITS LONGSTANDING PARTNERSHIP WITH MEDICAL TEAMS INTERNATIONAL TO PROVIDE MOB ILE DENTAL SERVICES IN CLATSOP COUNTY, ACTUALLY EXPANDING THE ORAL HEALTH ACCESS EACH YEAR THROUGH OFFERING MORE CLINICS. PSH EXECUTIVES CONTINUE TO BE ENGAGED WITH COLUMBIA PACIFI C CCO, HELPING TO CRAFT STRATEGIES FOR QUALITY AND ACCESS TO ALL PEOPLE WITHIN THE SERVICE AREA. PROVIDENCE WAS ABLE TO PROVIDE OVER $55,000 IN FUNDING TO CLATSOP COMMUNITY ACTION, ALLOWING IT TO LEVERAGE THIS GRANT TO APPLY FOR FEDERAL HOUSING GRANTS REQUIRING MATCHING FUNDS WHICH INCLUDED THE; CHRONICALLY HOMELESS FAMILIES GRANT, HOMELESS SINGLE INDIVIDUAL S GRANT, HOME YOUTH GRANT AND PEOPLE FLEEING DOMESTIC VIOLENCE GRANT. ADDITIONALLY, PROVID ENCE CONTINUED TO FUND THE HELPING HANDS RE-ENTRY OUTREACH CENTERS FOR THEIR CLATSOP COUNT Y LOCATION, PROVIDING EMERGENCY SHELTER, CASE MANAGEMENT, AND OTHER SUPPORTIVE SERVICES FO R INDIVIDUALS AND FAMILIES IN CRISIS AND RECOVERY. THE LOWER COLUMBIA HISPANIC COUNCIL REC EIVED FUNDING TO EMPLOY A PART-TIME COMMUNITY NAVIGATOR, ASSISTING LOW-INCOME LATINX POPUL ATIONS ON THE NORTH COAST WITH IDENTIFYING AFFORDABLE HOUSING, HEALTHY FOOD AND OTHER SOCI AL SERVICES. PROVIDENCE SUPPORTED THE FOSTER CLUB AND THE HARBOR TO PROVIDE PEER SUPPORT, RECOVERY, AND SUPPORTIVE SERVICES FOR THEIR CLIENTS (YOUTH AND DOMESTIC VIOLENCE VICTIMS). THE NATIONAL ALLIANCE ON MENTAL ILLNESS CLATSOP COUNTY WAS ABLE TO BUILD THE CAPACITY OF ITS CLATSOP CLUBHOUSE PROJECT WITH PROVIDENCE GRANTS, SUPPORTING A SAFE PHYSICAL GATHERING SPACE FOR NAMI CLIENTS SUFFERING FROM MENTAL ILLNESS.WE HAVE CONTINUED THE COMMITMENT TO THE COMMUNITY RESOURCE DESK PARTNERSHIP WITH CLATSOP COMMUNITY ACTION, CO-LOCATING STAFF O N THE PROVIDENCE SEASIDE HOSPITAL CAMPUS. THE 1.0 FTE COMMUNITY RESOURCE SPECIALIST, EMPLO YED BY CCA, PROVIDES SOCIAL SUPPORT AND SAFETY NET SERVICES THROUGH THE COMMUNITY RESOURCE DESK. THE CRD ASSISTS INDIVIDUALS AND FAMILIES WHO ARE IN NEED OF SUPPORT TO GET CONNECTE D WITH COMMUNITY RESOURCES. IT IS FREE, CONFIDENTIAL AND OPEN TO ANYONE WHO APPROACHES THE DESK (STAFFED BY BILINGUAL SPANISH/ENGLISH SPEAKERS). SINCE INCEPTION IN 2016, THE CRD PR OGRAMS IN THE PROVIDENCE SEASIDE HOSPITAL SERVICE AREA HAVE SERVED 1,456 CLIENTS, BENEFITT ING 2,637 INDIVIDUALS IN THOSE

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)	HOUSEHOLDS CONNECTING THEM TO 4,674 RESOURCES.PROVIDENCE DIRECTLY PROVIDED DIABETES EDUCA TION CLASSES, STAFF TIME AT COMMUNITY EVENTS, SUPPORT GROUPS, ASTHMA AND COPD EDUCATION, V OLUNTEER PROGRAMS THROUGH COMMUNITY CONNECTIONS, AN EARLY CHILDHOOD CLINIC, CAREGIVER SUPP ORT AND TRAINING PROGRAMS, MEDICATION ASSISTANCE, PATIENT SUPPORT FOR SAFE AND SECURE DISC HARGE FOR THE FIRST THIRTY DAYS, AND PROVIDING SPORTS PHYSICALS FOR STUDENTS WHO COULD OTH ERWISE NOT AFFORD THEM. PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, REGAR DLESS 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 AD DITIONAL ISSUES, AND PH&S-OR IS AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABORATIVE EFFORTS THAT ARE WORKING TO ADDRESS OTHER NEEDS IDENTIFIED.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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. ALTHOUGH A NEW CHNA WAS CREATED AND P UBLISHED PER FEDERAL GUIDELINES IN 2019, THE COMMENSURATE CHIP IS CURRENTLY UNDER DEVELOPM ENT AND WILL BE POSTED IN 2020.SOME SPECIFIC EXAMPLES OF ACTIVITIES TAKEN IN 2019 INCLUDE THE CONTINUATION AND EXPANSION OF THE PARISH HEALTH PROMOTERS (PROMOTORES) PROGRAM, PROVID ING CULTURALLY COMPETENT TRAINING AND OUTREACH TO THE SPANISH-SPEAKING POPULATION. THE PRO GRAM HAS INCREASED TO OVER 150 INDIVIDUALS SERVING AS TRAINED AS COMMUNITY HEALTH WORKERS ACROSS SEVERAL COUNTIES, AND ORGANIZED CHRONIC CONDITIONS MANAGEMENT COURSES, ACTIVITY PRO GRAMS, AND HEALTH FAIRS. THE PROGRAM CONTINUED TO PARTNER WITH PROVIDENCE'S TELEHEALTH PRO GRAM, INCREASING ACCESS TO PREVENTIVE AND PRIMARY CARE TO THE SPANISH SPEAKING POPULATION IN YAMHILL COUNTY. TWO DEDICATED PROMOTORES PROGRAM SPECIALISTS ARE FUNDED THROUGH COMMUNI TY BENEFIT IN OUR COMMUNITY HEALTH DIVISION, PROVIDING THE PROGRAM MANAGEMENT NEEDED TO RU N THE DAY TO DAY OPERATIONS. PROVIDENCE SUPPORTED MULTIPLE PROMOTORES-RELATED INITIATIVES DELIVERED THROUGH SAN MARTIN DE PORRES CATHOLIC CHURCH, INCLUDING MENTAL HEALTH WORKSHOPS, LEAD PLANNING OF TELEHEALTH CLINICS, IMMIGRATION WORKSHOPS AND THE CAPACITIATION OF A NEW PROMOTORES COHORT FROM YAMHILL COUNTY. THE PACIFIC UNIVERSITY WAS PROVIDED WITH TWO SEPAR ATE GRANTS IN 2019, ONE TO PROVIDE LATINX EMOTIONAL HEALTH TRAINING THROUGH CHARLAS AND AN OTHER TO PROMOTE THE SMILE EVERYWHERE PREVENTIVE ORAL HEALTH CARE PROGRAM IN YAMHILL COUNT Y. CHARLAS IN SPANISH SIMPLY MEANS TO CHAT OR TALK. THESE FORUMS ARE BEING PILOTED IN YAMH ILL'S LATINX COMMUNITY TO PROVIDE A MORE OPEN DIALOGUE SURROUNDING MENTAL AND EMOTIONAL HE ALTH ISSUES, LEAD BY THE TRUSTED PROMOTORES PRACTICING IN THE YAMHILL SERVICE AREA. ADDITI ONALLY, THE YAMHILL COMMUNITY ACTION PROGRAM (YCAP) WAS FUNDED TO PROVIDE A COMMUNITY NETW ORK NAVIGATOR SERVING MORE THAN 68 YOUTH IN THE NEWBERG-DUNDEE AREAS OVER 2 QUARTERS. FURT HER GRANTS PERMITTED YCAP TO IMPLEMENT ON-SITE YOUTH COUSELING WHICH WAS AN IDENTIFIED SER VICE NEED IN THE COUNTY.PNMC AND REGIONAL STAKEHOLDERS CONTINUED THEIR COMMITMENT TO IDENT IFY 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 2019 INCLUDED A PARTNERSHI P WITH THE OREGON STATE UNIVER

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)	SITY EXTENSION PROGRAM TO IMPLEMENT AN EVIDENCE-BASED CURRICULUM, THE HEALTHY KIDS CLUB. T HE CURRICULUM ENCOURAGES YOUTH TO MAKE HEALTHFUL FOOD CHOICES, MATCH FOOD INTAKE TO NUMBER OF CALORIES NEEDED EACH DAY, EAT MORE FRUITS, VEGGIES AND WHOLE GRAINS, EAT LESS JUNK FOO D AND DRINK LESS SODA AND MORE WATER. THE PROGRAM HAS WORKED TO CHANGE ATTITUDES AND BEHAV IORS OF OVER 1,414 YAMHILL COUNTY KIDS, HOPEFULLY REDUCING OBESITY AND IMPROVING OVERALL H EALTH.PNMC DIRECTLY PROVIDED DIABETES EDUCATION CLASSES, STAFF TIME AT COMMUNITY EVENTS, S UPPORT GROUPS, VOLUNTEER PROGRAMS THROUGH COMMUNITY CONNECTIONS, CAREGIVER SUPPORT AND TRA INING PROGRAMS, MEDICATION ASSISTANCE, PATIENT SUPPORT FOR SAFE AND SECURE DISCHARGE FOR T HE FIRST THIRTY DAYS IN PARTNERSHIP WITH PROJECT ACCESS NOW, AN ATHLETIC TRAINER FOR THE L OCAL HIGH SCHOOL, AND PROVIDED SPORTS PHYSICALS FOR STUDENTS WHO COULD OTHERWISE NOT AFFOR D THEM. PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROLLMENT ASSISTANCE FOR INDIVIDUALS WHO ARE NOT YET INS URED BUT WISH TO BE.PNMC PROVIDES EXTERNSHIP AND SUPERVISION FOR REHABILITATION AND NURSIN G STUDENTS, AND PROVIDENCE LEADERSHIP CONTINUES TO BE EXTENSIVELY ENGAGED ON THE BOARD OF THE YAMHILL COMMUNITY CARE ORGANIZATION. MORE INFORMATION REGARDING THE RESULTS OF THESE P ARTNERSHIPS IS AVAILABLE IN THE FULL CHNA.THERE ARE OTHER COMMUNITY ORGANIZATIONS FOCUSING ON ADDITIONAL ISSUES, AND PH&S-OR IS AN ENGAGED PARTNER WITH OTHER COMMUNITY LED COLLABOR ATIVE 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. ALTHOUGH A NEW CHNA WAS CREATED AND P UBLISHED PER FEDERAL GUIDELINES IN 2019, THE COMMENSURATE CHIP IS CURRENTLY UNDER DEVELOPM ENT AND WILL BE POSTED IN 2020.IN AN ACTIVE PARTNERSHIP WITH ACCESS (COMMUNITY ACTION AGEN CY IN JACKSON COUNTY), PROVIDENCE OPENED THE MEDFORD LOCATION OF THE COMMUNITY RESOURCE DE SK (CRD) PROGRAM. THE CRD ASSISTS INDIVIDUALS AND FAMILIES WHO ARE IN NEED OF SUPPORT TO G ET CONNECTED WITH COMMUNITY RESOURCES. IT IS FREE, CONFIDENTIAL AND OPEN TO ANYONE WHO APP ROACHES THE DESK (STAFFED BY BILINGUAL SPANISH/ENGLISH SPEAKERS). SINCE OPENING, THE MEDFO RD CRD HAS SERVED 912 CLIENTS, BENEFITTING 1,053 INDIVIDUALS IN THOSE HOUSEHOLDS CONNECTIN G THEM TO 1,228 RESOURCES.SOME SPECIFIC EXAMPLES OF ACTIVITIES TAKEN IN 2019 INCLUDES A CO NTINUED PARTNERSHIP WITH THE ADDICTIONS RECOVERY CENTER (ARC) IN SUPPORT OF THEIR OPIOD TR EATMENT PROGRAM, FUNDING A CLINIC EXPANSION FOR THEIR WALK-IN ADDICTION MEDICINE PROGRAM. PART OF THIS FUNDING WAS APPLIED TO ESTABLISHING A NEW EHR DRCLOUD. THE NEW SYSTEM GIVES A RC THE ABILITY TO COLLECT ALL NECESSARY CLIENT INFORMATION ELECTRONICALLY. THIS ENSURES EV ERYTHING IS ACCURATE AND UP TO DATE AT ADMISSION AND THROUGHOUT THEIR TREATMENT SERVICES. SINCE IMPLEMENTATION OF THE EXPANSION, ARC SERVED OVER 16% MORE PATIENTS IN ITS LAST QUART ER OF 2019 DUE TO THIS CAPACITY DEVELOPMENT ACTIVITY AND HAS INCREASED REPORTING CAPACITY. ROGUE RETREAT WAS ANOTHER OF PROVIDENCE'S PRIMARY GRANT RECIPIENTS IN 2019, PROVIDING SUPP ORTIVE HOUSING AND SHELTER OPTIONS FOR HOMELESS SOUTHERN OREGON RESIDENTS. PROVIDENCE FUND S WERE USED TO HELP SUPPORT THE EXPANSION OF THE KELLY SHELTER, HIRING AND TRAINING OF NEW STAFF, AND TO SUPPORT START UP SHELTER OPERATIONS AS THEY EXPAND THE SEASONAL SHELTER INT O A YEAR ROUND FACILITY. ROGUE RETREAT HAS BEEN A TRUSTED COMMUNITY SOURCE OF HOUSING OPTI ONS IN THE MEDFORD SERVICE AREA FOR THE LAST THREE YEARS OF PROVIDENCE COMMUNITY BENEFIT P ARTNERSHIP.AS IN PREVIOUS YEARS, PROVIDENCE EXECUTIVES WERE EXTENSIVELY ENGAGED WITH THE L OCAL CCO BOARDS IN ORDER TO CONTINUE ENSURING CARE FOR THOSE ELIGIBLE FOR MEDICAID. ADDITI ONALLY, PROVIDENCE DIRECTLY PROVIDED FREE AND LOW-COST SUPPORT GROUPS AND CANCER SCREENING S, COMMUNITY EDUCATION AROUND PHYSICAL AND OCCUPATIONAL THERAPY, ENSURING EMERGENCY DEPART MENT PHYSICIANS WERE AVAILABLE WHEN NEEDED, SUBSIDIZED EXPENSES OF GUEST HOUSING FOR FAMIL Y MEMBERS, PROVIDED ATHLETIC T

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)	RAINERS AND FREE SPORTS PHYSICALS FOR STUDENTS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD T HEM, PARTICIPATED AND FUNDED THE JEFFERSON HEALTH INFORMATION EXCHANGE, EXECUTIVE SUPPORT FOR AND ENGAGEMENT IN THE JEFFERSON REGIONAL HEALTH ALLIANCE, SUPPORT FOR COURT APPOINTED SPECIAL ADVOCATES, AND PROVIDED HEALTH PROFESSIONALS TRAINING (PHYSICAL AND OCCUPATIONAL T HERAPY, NURSING, AND LAB TECH, AMONGST OTHERS). PROVIDENCE PROVIDES SUBSIDIZED DIABETES ED UCTION FOR PATIENTS LIVING WITH DIABETES AS WELL AS THOSE AT RISK OF DEVELOPING DIABETES (PRE-DIABETES). PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, REGARDLESS OF ABILITY TO PAY AND CONTINUES TO PROVIDE ENROLLMENT ASSISTANCE FOR INDIVIDUALS WHO ARE NOT YET INSURED BUT WISH TO BE, AS WELL AS PROVIDING MEDICATION ASSISTANCE AND OTHER BASIC SUP PORT TO ALLOW FOR SAFE AND SECURE DISCHARGE FOR THE FIRST THIRTY DAYS. FURTHERMORE, PROVID ENCE IS ACTIVELY WORKING TO INTEGRATE AND IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES, IN CREASE ACCESS TO PRIMARY CARE, AND IMPROVE PROTOCOLS AND PATIENT ENGAGEMENT IN MANAGING AN D PREVENTING CHRONIC CONDITIONS. ADDITIONAL INFORMATION ABOUT THESE INTERNAL EFFORTS IS AV AILABLE 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 NEEDS.

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.

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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	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.

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 5:	PROVIDENCE PORTLAND MEDICAL CENTER (PPMC), PROVIDENCE ST. VINCENT MEDICAL CENTER (PSVMC), PROVIDENCE WILLAMETTE FALLS HOSPITAL (PWFH) AND PROVIDENCE MILWAUKEE MEDICAL CENTER (PMMC) ARE PARTICIPATING MEMBERS OF THE HEALTHY COLUMBIA WILLAMETTE COLLABORATIVE (HCWC). CONSISTING OF SEVEN HOSPITALS SYSTEMS, FOUR COUNTY HEALTH DEPARTMENTS AND ONE COORDINATED CARE ORGANIZATION, THE HCWC REGION COVERS CLARK COUNTY, WASHINGTON, AND CLACKAMAS, MULTNOMAH, AND WASHINGTON COUNTIES IN OREGON. THIS UNIQUE PUBLIC/PRIVATE PARTNERSHIP SERVES AS A PLATFORM FOR COLLABORATION AROUND HEALTH NEEDS ASSESSMENTS. HCWC HAS BEEN CONVENING SINCE 2012 AND PRODUCED ITS FIRST COLLABORATIVE CHNA IN 2013, ANOTHER IN 2016 AND THIS THIRD CYCLE IN 2019. THE COLLABORATIVE MODEL ALLOWS FOR A MORE COMPREHENSIVE VIEW OF COMMUNITY NEEDS, INFORMS PRIORITIES FOR HCWC MEMBER ORGANIZATION IMPROVEMENT PLANS, AND SUPPORTS A SHARED UNDERSTANDING FOR HCWC STAKEHOLDERS AND PARTNERS WHO COORDINATE ON HOW TO BEST MEET COMMUNITY HEALTH NEEDS. HCWC TOOK INTO ACCOUNT SUBSTANTIAL INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AS WELL AS PUBLIC HEATH OFFICIALS. REPRESENTATIVES FROM EACH MEMBER ORGANIZATION MEET MONTHLY AS A LEADERSHIP GROUP AND FORMED MULTIPLE WORKGROUPS TO INCLUDE MULTIPLE DATA SOURCES AND PERSPECTIVES. HCWC USED A MIXED METHODS APPROACH FOR THE CHNA. HCWC PRIORITIZED COMMUNITY VOICE AND INPUT IN THIS ASSESSMENT (QUALITATIVE DATA), WHILE ALSO INCLUDING DATA FROM PUBLIC HEALTH SURVEYS, HOSPITALS, AND OTHER SOURCES (QUANTITATIVE DATA). HCWC USED A MODIFIED VERSION OF THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) MODEL TO GUIDE THE NEEDS ASSESSMENT. THE MAPP MODEL IS AN ITERATIVE PROCESS COMBINING HEALTH DATA AND COMMUNITY INPUT TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS. WORKGROUPS INCLUDED COMMUNICATIONS, STAKEHOLDER ENGAGEMENT AND DATA WITH SPECIFIC PARTICIPANTS REFERENCED IN APPENDIX A OF 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
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 AND TUALITY HEALTHCARE (AN OHSU PARTNER).

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:	HEALTH AND HUMAN SERVICES CLACKAMAS COUNTY, CLARK COUNTY PUBLIC HEALTH, MULTNOMAH COUNTY PUBLIC HEALTH, WASHINGTON COUNTY PUBLIC HEALTH DIVISION, 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 SIGNIFICA NT NEEDS IDENTIFIED. THE 2016 CHNA RESULTED IN A REVISED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ADOPTED IN MAY, 2017 AND IN FORCE THROUGH 2019. 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 INC LUDE BASIC NEEDS, SUCH AS FOOD SECURITY, STABLE HOUSING, AND TRANSPORTATION. ALTHOUGH A NE W CHNA WAS CREATED AND PUBLISHED PER FEDERAL GUIDELINES IN 2019, THE COMMENSURATE CHIP IS CURRENTLY UNDER DEVELOPMENT AND WILL BE POSTED IN 2020.PROVIDENCE PARTICIPATED IN SEVERAL COMMUNITY-BASED ACTIVITIES, INCLUDING CONTINUING COLLABORATIVE EFFORTS WITH OTHER HOSPITAL S AND PROJECT ACCESS NOW AROUND HEALTHCARE OUTREACH AND ENROLLMENT FOR HEALTH INSURANCE, A ND ENSURING ENGAGEMENT OF LOCAL VOLUNTEER PROVIDERS TO PROVIDE NECESSARY CARE FOR THE REMA INING UN- AND UNDERINSURED. THESE PROJECT ACCESS NOW PROGRAMS HAVE BEEN IN PLACE FOR APPRO XIMATELY 9 YEARS AND CONTINUE TO EXHIBIT EXCELLENT OUTCOMES. PROVIDENCE HEALTH PLAN CONTIN UED TO PARTICIPATE IN JOINT FUNDING INITIATIVES AND PROVIDED ADMINISTRATIVE SUPPORT FOR PR OJECT ACCESS NOW'S PHARMACY BRIDGE PROGRAM, ASSISTING WITH PHARMACEUTICAL AND MEDICATION C LAIMS. PROJECT ACCESS NOW ALSO CONTINUED TO BE FUNDED FOR THE PATIENT SUPPORT PROGRAM (FOR MERLY SAFE AND SECURE DISCHARGE), PREMIUM SUPPORT, AND OTHER TRI-COUNTY PROJECTS.IN AN ACT IVE PARTNERSHIP WITH IMPACT NW, PROVIDENCE CONTINUES TO CO-LOCATE STAFF THROUGH THE COMMUN ITY RESOURCE DESK (CRD) PROGRAM. THE CRD ASSISTS INDIVIDUALS AND FAMILIES WHO ARE IN NEED OF SUPPORT TO GET CONNECTED WITH COMMUNITY RESOURCES. IT IS FREE, CONFIDENTIAL AND OPEN TO ANYONE WHO APPROACHES THE DESK (STAFFED BY BILINGUAL SPANISH/ENGLISH SPEAKERS). STARTED I N 2015 AT TWO HIGH-NEED CLINIC LOCATIONS IN EAST PORTLAND, THE PROGRAM EXPANDED TO WESTERN WASHINGTON COUNTY IN 2016 AND FURTHER TO CLACKAMAS COUNTY IN 2017 AND TO CLARK COUNTY IN 2019. SINCE INCEPTION IN 2015, THE CRD PROGRAMS IN THE PORTLAND SERVICE AREA HAVE SERVED 1 1,289 CLIENTS, BENEFITTING 26,368 INDIVIDUALS IN THOSE HOUSEHOLDS CONNECTING THEM TO 17,22 8 RESOURCES.PROVIDENCE CONTINUES TO OPERATE ITS COMMUNITY TEACHING KITCHEN AND FOOD PHARMA CY AT ITS WILLAMETTE FALLS HOSPITAL CAMPUS FOR INDIVIDUALS DIAGNOSED WITH FOOD-RELATED CHR ONIC CONDITIONS WHO MAY NOT HAVE ACCESS TO HEALTHY, AFFORDABLE FOOD, INCLUDING COOKING CLA SSES, NAVIGATION SERVICES, AND DIETITIAN CONSULTATIONS. IN 2019 PROVIDENCE FUNDED A PARTNE RSHIP BETWEEN THE TEACHING KITCHEN AND THE OREGON FOOD BANK TO EXPAND SPANISH LANGUAGE TRA ININGS AND THE TRANSLATION OF ITS "FAMILY COOKING MATTERS" MATERIALS. OTHER FOOD SECURITY RELATED PROGRAMS SUPPORTED BY PROVIDENCE COMMUNITY BENEFIT INCLUDE PARTERS FOR A HUNGER FR EE OREGON, ZENGER FARMS, THE OREGON FOOD BANK AND MEALS ON WHEELS (MOW). THROUGH PROVIDENC E'S SUPPORT THE MOW PROGRAM TH

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:	EY WERE ABLE TO EXPAND THE CAPACITY OF THE DOWNTOWN PORTLAND ELM COURT SITE, SERVING OVER 100,000 MEALS A YEAR TO VERY LOW-INCOME SENIORS AND PEOPLE WITH DISABILITIES.THE $24 MILLI ON, MULTI-YEAR HOUSING INITIATIVE WITH PORTLAND'S CENTRAL CITY CONCERN CONTINUED THROUGH 2 019 IN PARTNERSHIP WITH SEVERAL OTHER HEALTHCARE SYSTEMS TO BUILD OVER 380 UNITS OF NEW, A FFORDABLE HOUSING THROUGH A MULTI-MILLION DOLLAR STRATEGIC INVESTMENT. FIVE HEALTH SYSTEMS CONTRIBUTED FUNDING TO SUPPORT THREE NEW HOUSING DEVELOPMENTS, INCLUDING THOSE FOCUSED ON COMMUNITIES OF COLOR THAT HAVE BEEN DISPLACED, THOSE THAT PROVIDE RECUPERATIVE CARE AND S UPPORTIVE RECOVERY HOUSING, AND AN INTEGRATED CLINIC SETTING AT THE NEW EASTSIDE INTEGRATE D HOUSING & SERVICES LOCATION. IT'S FINAL BUILDING, THE BLACKBURN CENTER, WAS COMPLETED AN D OPENED IN 2019. PROVIDENCE IS A FOUNDING MEMBER OF THE REGIONAL SUPPORTIVE HOUSING IMPAC T FUND (RSHIF), ESTABLISHED TO CREATE A FLEXIBLE FUNDING POOL TO LEVERAGE AND ENHANCE EXIS TING COMMUNITY FUNDING EFFORTS IN THE HOUSING SPACE. TOWARDS THE END OF 2019, WITH FUNDING FROM PROVIDENCE AND OTHER HEALTH SYSTEM STAKEHOLDERS, RSHIF BEGAN TO FORM A FOUNDATIONAL ADMINISTRATIVE STRUCTURE HOUSED IN THE PORTLAND-METRO CCO.ORAL HEALTH CONTINUES TO BE AN A REA OF CONCENTRATION FOR OUR COMMUNITY BENEFIT FUNDING WITH A PRIMARY PARTNERSHIP WITH MED ICAL TEAMS INTERNATIONAL, FUNDING MOBILE DENTAL SERVICES FOR COMMUNITY MEMBERS WHO ARE UN- OR UNDER-INSURED. BESIDES CONTRIBUTING DIRECT FUNDING OF THE DENTAL VANS, PROVIDENCE ALSO PROVIDES A PROGRAM MANAGER AND COORDINATOR AS IN-KIND STAFF TO SUPPORT THE PROGRAM. THE M TI MOBILE DENTAL SERVICES MODEL IS ONE OF VERY FEW ORAL HEALTH OPTIONS FOR UNDERSERVED POP ULATIONS AND CONTINUES TO ACT AS A CRITICAL SAFETY NET RESOURCE. PROVIDENCE BEGAN SUPPORTI NG THE "SECOND BITE" PROGRAM IN COLLABORATION WITH NEIGHBORHOOD HEALTH CENTERS. THIS PROGR AM IS THE ONLY ONE OF ITS KIND AND PROVIDES TREATMENT OF SEVERE DENTAL INFECTION AND TOOTH DECAY THROUGH FULL RESTORATIVE DENTURES FOR LOW-INCOME AND UNINSURED INDIVIDUALS. ADDITIO NALLY, PROVIDENCE PARTNERS WITH THE PACIFIC UNIVERSITY SCHOOL OF DENTAL HYGIENE IN ITS "SM ILE EVERYWHERE" CAMPAIGN TO PROMOTE PREVENTIVE ORAL HEALTH CARE IN THE UNINSURED LATINX PO PULATION.IN 2016, PROVIDENCE AND REGIONAL STAKEHOLDERS MET TO IDENTIFY AND PRIORITIZE CHIL DHOOD AND ADOLESCENT OBESITY AS A MAJOR COMMUNITY HEALTH CHALLENGE, AROUND WHICH FUNDING A ND INTERNAL PROGRAMS COULD BE ORGANIZED THROUGH THE "HEALTHIER KIDS, TOGETHER" INITIATIVE. THROUGH 2019, THIS MULTI-YEAR INITIATIVE HAS INCLUDED PARTNERSHIPS ACROSS PROVIDENCE MEDI CAL GROUP CLINICS AND WITH FRIENDS OF ZENGER FARM, THE FIT PROJECT, AND AMERICAN DIABETES 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 FAMILY-BASED WELLNESS INTERVENTION, WHICH INCLUDES MOTIVATIONAL INTERVIEWING, NUTRITION COACHING, AND GYM ACCESS. FRIENDS OF ZE

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:	NGER FARM IMPLEMENTED AND CONTINUES A "CSA PARTNERSHIPS FOR HEALTH" PROGRAM IN PARTNERSHIP WITH MULTNOMAH COUNTY HEALTH DEPARTMENT AND ACTIVE CHILDREN PORTLAND. THE CSA IS A WEEKLY VEGETABLE SUBSCRIPTION (OR PRESCRIPTION IN THIS CASE) WHERE CUSTOMERS (PATIENTS) RECEIVE A WEEK'S WORTH OF VEGETABLES DIRECTLY FROM A LOCAL FARMER INCLUDING 8-12 DIFFERENT SEASONA L VEGETABLES AND FRUITS SUFFICIENT TO FEED A FAMILY OF 3-4 FOR ONE WEEK. AS A PRIMARY MARK ETING TOOL OF THE INITIATIVE, THE 5 2 1 0 + 9 MESSAGING HAS BEEN INTEGRATED ACROSS ALL HEA LTHIER KIDS, TOGETHER-RELATED PROGRAMS. THIS TOOL CAN BE EASILY INTEGRATED INTO SCHOOL-AGE D KIDS PROGRAMS THROUGH DIRECT MARKETING MATERIALS PROVIDED BY PROVIDENCE, REMINDING KIDS AND PARENTS THAT EACH DAY CHILDREN SHOULD HAVE; 5 OR MORE SERVINGS OF FRUITS AND VEGETABLE S A DAY, 2 HOURS OR LESS OF RECREATIONAL SCREEN TIME, 1 HOUR OR MORE OF PHYSICAL ACTIVITY, 0 SUGAR SWEETENED DRINKS AND 9 OR MORE HOURS OF SLEEP.PROVIDENCE DIRECTLY PROVIDED DIABET ES EDUCATION CLASSES, STAFF TIME AT COMMUNITY EVENTS, SUPPORT GROUPS, CAREGIVER SUPPORT AN D TRAINING PROGRAMS, PATIENT SUPPORT FOR SAFE AND SECURE DISCHARGE FOR THE FIRST THIRTY DA YS IN PARTNERSHIP WITH PROJECT ACCESS NOW, AND SPORTS PHYSICALS FOR STUDENTS WHO COULD OTH ERWISE NOT AFFORD THEM. PROVIDENCE ALSO PROVIDES PLACEMENT AND SUPERVISION FOR RESIDENCY P ROGRAMS, NURSING PROGRAMS, PHYSICAL THERAPY, AND COMMUNITY PARAMEDIC TRAINING. ADDITIONALL Y, PROVIDENCE CONTINUED ITS COMMITMENT TO THE PARISH HEALTH PROMOTER PROGRAM (PROMOTORES), WHICH PROVIDES CULTURALLY COMPETENT TRAINING AND CARE FOR SPANISH-SPEAKING MEMBERS OF THE COMMUNITY THROUGH OUTREACH AND EDUCATION, INCLUDING HOSTING TELEHEALTH EVENTS TO IMPROVE ACCESS TO PREVENTIVE CARE. PROVIDENCE CONTINUES ITS COMMITMENT TO PROVIDE CARE FOR ALL, RE GARDLESS 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 COLLABORATI VE EFFORTS THAT ARE WORKING TO ADDRESS OTHER NEEDS IDENTIFIED.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A:	PROVIDENCE HOOD RIVER MEM. HOSPITAL (4)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/OODRIVER2019CHNA.PDF?LA=ENPART V, SECTION B, LINE 7A:PROVIDENCE SEASIDE HOSPITAL (5)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/SEASIDE2019CHNA.PDF?LA=ENPART V, SECTION B, LINE 7A:PROVIDENCE NEWBERG MEDICAL CENTER (6)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/NEWBERG2019CHNA.PDF?LA=ENPART V, SECTION B, LINE 7A:PROVIDENCE MEDFORD MEDICAL CENTER (7)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/MEDFORD2019CHNA.PDF?LA=ENPART V, SECTION B, LINE 7A:PHS - OREGON (GROUP A - 1-3 & 8)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/PROVPORTLAND2019CHNA.PDF?LA=EN

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:	PROVIDENCE HOOD RIVER MEM. HOSPITAL (4)HTTPS://CGHEALTHCOUNCIL.ORG/WP-CONTENT/UPLOADS/2019/12/FINAL-CHA-DECEMBER-10-2019-FULL-DOCUMENT.PDFPART V, SECTION B, LINE 7B:PROVIDENCE SEASIDE HOSPITAL (5)HTTPS://WWW.COLPACHEALTH.ORG/DOCS/DEFAULT-SOURCE/CHIP-DOCUMENTS/CPCCO_RHA_RHIP_7-19.PDF?SFVRSN=0PART V, SECTION B, LINE 7B:PROVIDENCE MEDFORD MEDICAL CENTER (7)HTTPS://JEFFERSONREGIONALHEALTHALLIANCE.ORG/ALLINFORHEALTH/2018-COMMUNITY-HEALTH-ASSESSMENT/PART V, SECTION B, LINE 7B:PHS - OREGON (GROUP A - 1-3 & 8) HTTPS://COMAGINE.ORG/PROGRAM/HCWC/2019-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT

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 10:	PROVIDENCE HOOD RIVER MEM. HOSPITAL (4)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCEHOODRIVERMEMORIALHOSPITAL.PDF?LA=ENPART V, SECTION B, LINE 10:PROVIDENCE SEASIDE HOSPITAL (5)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCESEASIDEHOSPITAL.PDF?LA=ENPART V, SECTION B, LINE 10:PROVIDENCE NEWBERG MEDICAL CENTER (6) HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHIPANDCHNAPROVIDENCENEWBERGMEDICALCENTER.PDF?LA=ENPART V, SECTION B, LINE 10:PROVIDENCE MEDFORD MEDICAL CENTER (7)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCEMEDFORDMEDICALCENTER.PDF?LA=ENPART V, SECTION B, LINE 10:PHS - OREGON (GROUP A - 1-3 & 8)HTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCEPORTLANDMEDICALCENTER.PDF?LA=ENHTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCESTVINCENTMEDICALCENTER.PDF?LA=ENHTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCEWILLAMETTEFALLSMEDICALCENTER.PDF?LA=ENHTTP://WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/OR/2016CHNAANDCHIPPROVIDENCEMILWAUKIEHOSPITAL.PDF?LA=EN

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

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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

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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

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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

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(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

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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

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(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

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(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

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(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

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(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

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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

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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

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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

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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

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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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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 . . . . . ▶ 92

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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) MEDICAL ASSISTANCE	4	31,250	0	COST	HEALTH CAREER SCHOLARSHIPS PAID TO STUDENTS.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS 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. GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS SINCE THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE. OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX EXEMPT PURPOSE OF THE ORGANIZATION.

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
ACCESS INC 3630 AVIATION WAY MEDFORD, OR 97504	93-0665396	501(C)(3)	54,566				COMMUNITY BENEFIT RESTRICTED GRANT
ADELANTE MUJERES 2030 MAIN ST SUITE A FOREST GROVE, OR 97116	03-0473181	501(C)(3)	55,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBERTINA KERR CENTERS FOUNDATION INC 424 NE 22ND AVE PORTLAND, OR 97232	93-1297104	501(C)(3)	10,000				SPONSORSHIP
AMERICAN CANCER SOCIETY 0330 SW CURRY ST PORTLAND, OR 97239	93-0555329	501(C)(3)	8,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 4380 SW MACDAME AVE STE 480 PORTLAND, OR 97239	13-5613797	501(C)(3)	25,000				SPONSORSHIP
BASIC RIGHTS EDUCATION FUND PO BOX 46025 PORTLAND, OR 97240	93-1266613	501(C)(3)	5,000				SPONSORSHIP

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
BRIDGES TO CHANGE INC 2714 NE 20TH AVE PORTLAND, OR 97212	76-0751239	501(C)(3)	50,000				SPONSORSHIP
CATHOLIC CHARITIES 2740 SE POWELL BLVD STE 1 PORTLAND, OR 97202	93-0386801	501(C)(3)	100,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL CITY CONCERN 232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501(C)(3)	445,111				COMMUNITY BENEFIT RESTRICTED GRANT
SEASIDE FIRE AND RESCUE ASSOCIATION 150 S LINCOLN ST SEASIDE, OR 97138	93-1098634	501(C)(3)	15,000				SPONSORSHIP

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 ST ASTORIA, OR 97103	93-1010260	501(C)(3)	209,337				COMMUNITY BENEFIT RESTRICTED GRANT
COLUMBIA GORGE COMMUNITY COLLEGE FOUNDATION 400 E SCENIC DR DALLES, OR 97058	93-0740519	501(C)(3)	26,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ACTION ORGANIZATION 1001 SW BASELINE ST HILLSBORO, OR 97123	93-0554941	501(C)(3)	20,000				SPONSORSHIP
CONFEDERATION OF OREGON (OREGON ASSOCIATION OF STUDENT COUNCILS) 707 13TH ST SE SUITE 100 SALEM, OR 97301	93-0633354	501(C)(6)	9,900				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY COMMUNICATIONS OF SOUTHERN OREGON 400 PECH RD CENTRAL POINT, OR 97502		GOVT	5,000				SPONSORSHIP
FAITH COMMUNITY NURSING HEALTH MINISTRY NW 2801 N GANTENBIEN AVE RM2027 PORTLAND, OR 97227	94-3180955	501(C)(3)	40,000				SPONSORSHIP

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	93-1284336	501(C)(3)	89,412				COMMUNITY BENEFIT RESTRICTED GRANT
FISH FOOD BANK 1767 12TH ST 147 HOOD RIVER, OR 97031	46-2588355	501(C)(3)	7,850				COMMUNITY BENEFIT RESTRICTED GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOSTERCLUB INC 620 S HOLIADAY DR 1 SEASIDE, OR 97138	93-1287234	501(C)(3)	20,000				COMMUNITY BENEFIT RESTRICTED GRANT
GORGE GROWN FOOD NETWORK 203 SECOND ST HOOD RIVER, OR 97031	26-2910949	501(C)(3)	73,000				COMMUNITY BENEFIT RESTRICTED GRANT

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
GROWING GARDENS 2203 NE OREGON ST PORTLAND, OR 97232	93-1213728	501(C)(3)	30,000				COMMUNITY BENEFIT RESTRICTED GRANT
HELPING HANDS AGAINST VIOLENCE INC PO BOX 441 HOOD RIVER, OR 97031	93-0756833	501(C)(3)	9,100				SPONSORSHIP

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 REENTRY OUTREACH CENTER PO BOX 413 SEASIDE, OR 97138	27-1158468	501(C)(3)	26,500				SPONSORSHIP
HOOD RIVER COUNTY HEALTH DEPT 1109 JUNE ST HOOD RIVER, OR 97031	46-2416826	GOVT	64,658				SPONSORSHIP

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
IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION 10301 NE GLISAN ST PORTLAND, OR 97220	93-0806295	501(C)(3)	55,000				SPONSORSHIP
IMMIGRATION COUNSELING 519 SW PARK AVE SUITE 610 PORTLAND, OR 97205	93-1088962	501(C)(3)	6,600				COMMUNITY BENEFIT RESTRICTED GRANT

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
IMPACT NW PO BOX 33536 PORTLAND, OR 97292	93-0557964	501(C)(3)	459,834				COMMUNITY BENEFIT RESTRICTED GRANT
JACKSON COUNTY COMMUNITY SERVICES CONSORTIUM PO BOX 1087 MEDFORD, OR 97501	94-3110224	501(C)(3)	20,000				COMMUNITY BENEFIT RESTRICTED GRANT

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 SART 2305 ASHLAND ST C-418 ASHLAND, OR 97520	81-0650183	501(C)(3)	15,000				OPERATIONAL SUPPORT
JEFFERSON REGIONAL HEALTH ALLIANCE 670 SUPERIOR COURT SUITE 208 MEDFORD, OR 97504	59-3813059	501(C)(3)	5,250				OPERATIONAL SUPPORT

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

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JESUIT VOLUNTEER CORPS NORTHWEST 2780 SE HRRISON ST MILWAUKIE, OR 972227574	23-7361814	501(C)(3)	12,142				OPERATIONAL SUPPORT
LEGACY EMANUEL HOSPITAL & HEALTH CENTER PO BOX 5939 PORTLAND, OR 972285939	93-0386823	501(C)(3)	55,000				SPONSORSHIP

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
LEGACY HEALTH SYSTEM PO BOX 5939 PORTLAND, OR 972285939	23-7426300	501(C)(3)	58,477				SPONSORSHIP
LOWER COLUMBIA HISPANIC COUNCIL PO BOX 1029 ASTORIA, OR 97103	20-3189709	501(C)(3)	20,000				COMMUNITY BENEFIT RESTRICTED GRANT

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
MARCH OF DIMES FOUNDATION 1220 SW MORRISON ST STE 510 PORTLAND, OR 97205	13-1846366	501(C)(3)	20,000				SPONSORSHIP
MEALS ON WHEELS PEOPLE INC 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	125,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL TEAMS INTERNATIONAL PO BOX 10 PORTLAND, OR 97207	93-0878944	501(C)(3)	261,250				SPONSORSHIP
NAMI OREGON 24701 SE 24TH AVE SUITE E PORTLAND, OR 97202	93-0875209	501(C)(3)	15,000				SPONSORSHIP

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
NE COALITION OF NEIGHBORHOOD INC 4815 NE 7TH PORTLAND, OR 97211	93-0714716	501(C)(3)	10,000				SPONSORSHIP
NEIGHBORHOOD HEALTH CENTER 6420 SW MACADAM AVE SUITE 300 PORTLAND, OR 97239	27-3524752	501(C)(3)	120,000				SPONSORSHIP

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

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NORTHWEST FAMILY SERV 6200 SE KING ROAD PORTLAND, OR 97222	93-0841022	501(C)(3)	13,937				SPONSORSHIP
OREGON 4H FOUNDATION 119 BALLARD EXTENSION HALL CORVALLIS, OR 973313608	93-0711337	501(C)(3)	29,500				COMMUNITY BENEFIT RESTRICTED GRANT

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 CHARITABLE INSTITUTE 1100 SW ST 6TH AVE STE 1608 PORTLAND, OR 97204	93-1240928	501(C)(3)	25,000				SPONSORSHIP
OREGON CENTER FOR NURSING 5000 N WILLAMETTE BLVD MSC 192 PORTLAND, OR 97203	74-3052430	501(C)(3)	10,000				SPONSORSHIP

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

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OREGON COALITION FOR AFFORDABLE PRESCRIPTIONS 500 NE MULTNOMAH ST PORTLAND, OR 97232	81-5136635	501(C)(3)	7,500				COMMUNITY BENEFIT RESTRICTED GRANT
OREGON FOOD BANK 4400 NE HALSEY STBUILDING 2 5TH FLOOR PORTLAND, OR 97213	93-0785786	501(C)(3)	185,000				SPONSORSHIP

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

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OREGON MANUFACTURING EXTENSION PARTNERSHIP INC 7650 SW BEVELAND RD STATE 170 PORTLAND, OR 97223	93-1315027	501(C)(3)	10,000				SPONSORSHIP
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 97333	93-6022772	501(C)(3)	135,000				SPONSORSHIP

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

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OUR HOUSE OF PORTLAND INC 2727 ALDER ST PORTLAND, OR 97214	93-0986632	501(C)(3)	22,500				SPONSORSHIP
PACIFIC UNIVERSITY 2043 COLLEGE WAY FOREST GROVE, OR 97116	93-0386892	501(C)(3)	99,000				COMMUNITY BENEFIT RESTRICTED GRANT

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

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PAN AFRICAN FESTIVAL OF OREGON PO BOX 2341 BEAVERTON, OR 97075	82-1732941	501(C)(3)	5,000				SPONSORSHIP
PARTNERS FOR A HUNGER-FREE OREGON 712 SE HAWTHORNE BLVD SUITE 202 PORTLAND, OR 97214	20-4970868	501(C)(3)	52,000				SPONSORSHIP

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

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PORTLAND GAY MEN'S CHORUS INC 921 SW WASHINGTON 222 PORTLAND, OR 972052841	93-0776616	501(C)(3)	5,000				SPONSORSHIP
PORTLAND OPPORTUNITIES IC 717 N KILLINGSWORTH PORTLAND, OR 97217	93-0593858	501(C)(3)	6,100				SPONSORSHIP

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

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PORTLAND PUBLIC SCHOOL 2069 NE HOYT STREET PORTLAND, OR 97232	93-6000830	GOVT	10,000				SPONSORSHIP
PORTLAND STATE UNIVERSITY FOUNDATION PO BOX 243 PORTLAND, OR 972070243	93-0619733	501(C)(3)	10,000				SPONSORSHIP

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

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PORTLANDERS FOR SAFE AND HEALTHY SCHOOLS PO BOX 42307 PORTLAND, OR 97242	82-0868652	501(C)(3)	5,000				SPONSORSHIP
PROJECT ACCESS NOW PO BOX 10953 PORTLAND, OR 97296	20-8928388	501(C)(3)	2,635,041				OPERATIONAL SUPPORT

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

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RESTORATION HOUSE INC PO BOX 641 SEASIDE, OR 97138	93-1271134	501(C)(3)	5,000				COMMUNITY BENEFIT RESTRICTED GRANT
RIDE CONNECTION INC 9955 NE GILISAN ST PORTLAND, OR 97220	94-3076771	501(C)(3)	32,500				SPONSORSHIP

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

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ROGUE COMMUNITY COLLEGE FOUNDATION 3345 REDWOOD HIGHWAY GRANTS PASS, OR 97527	93-0777701	501(C)(3)	5,000				COMMUNITY BENEFIT RESTRICTED GRANT
ROGUE RETREAT 711 E MAIN ST 25 MEDFORD, OR 97504	93-1261999	501(C)(3)	30,000				COMMUNITY BENEFIT RESTRICTED GRANT

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

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SKANNER FOUNDATION PO BOX 5455 PORTLAND, OR 97228	93-1109980	501(C)(3)	8,500				SPONSORSHIP
SOCIETY OF ST VINCENT DE PAUL ROGUE VALLEY COUNCIL 2424 N PACIFIC HWY MEDFORD, OR 97501	93-0831082	501(C)(3)	72,333				SPONSORSHIP

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SOUTHERN OREGON CHILD & FAMILY COUNCIL INC 1001 BEALL LANE PO BOX 3697 CENTRAL POINT, OR 97502	93-0564896	501(C)(3)	50,000				COMMUNITY BENEFIT RESTRICTED GRANT
ST JOSEPH THE WORKER CORPORATE INTERNSHIP 7528 N FENWICK AVE PORTLAND, OR 97217	93-1322114	501(C)(3)	93,600				OPERATIONAL SUPPORT

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

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ST PAUL RODEO ASSOCIATION PO BOX 175 ST PAUL, OR 97137	93-0480174	501(C)(4)	6,000				SPONSORSHIP
ST PETER CATHOLIC CHURCH 665 HOYT ST PORTLAND, OR 97209	93-0591582	501(C)(3)	30,000				COMMUNITY BENEFIT RESTRICTED GRANT

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

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THE ARCDIOCESE OF PORRES ST MARTIN DE PORRES CATHOLIC CHURCH 405 FERRY ST DAYTON, OR 97114	93-0114100	501(C)(3)	15,000				SPONSORSHIP
THE HARBOR INC 801 COMMERCIAL AVE ASTORIA, OR 97103	93-0691750	501(C)(3)	10,500				COMMUNITY BENEFIT RESTRICTED GRANT

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

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THE LEUKEMIA AND LYMPHOMA SOCIETY 6915 SW MACADAM AVE SUITE 100 PORTLAND, OR 97219	13-5644916	501(C)(3)	7,500				SPONSORSHIP
THE NEXT DOOR INC 965 TUCKER ROAD HOOD RIVER, OR 97031	93-0600421	501(C)(3)	7,000				COMMUNITY BENEFIT RESTRICTED GRANT

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THE NORTHWEST CATHOLIC COUNSELING CENTER 8383 NE SANDY BLVD 205 PORTLAND, OR 97220	93-1088962	501(C)(3)	40,000				COMMUNITY BENEFIT RESTRICTED GRANT
THE OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST SUITE 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	150,000				SPONSORSHIP

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

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THE URBAN LEAGUE OF PORTLAND 10 N RUSSELL ST PORTLAND, OR 97227	93-0395590	501(C)(3)	10,000				SPONSORSHIP
TRANSITION PROJECTS INC 665 NW HOYT ST PORTLAND, OR 97209	93-0591582	501(C)(3)	65,000				COMMUNITY BENEFIT RESTRICTED GRANT

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
TURNING POINT INITIATIVES (CENTER FOR EQUITY AND INCLUSION) PO BOX 12188 PORTLAND, OR 97212	81-0751262	501(C)(3)	13,650				COMMUNITY BENEFIT RESTRICTED GRANT
UNITED WAY OF JACKSON 60 HAWTHORNE ST MEDFORD, OR 97504	93-0576632	501(C)(3)	12,500				COMMUNITY BENEFIT RESTRICTED GRANT

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

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UNITED WAY OF THE COLUMBIA GORGE PO BOX 2 HOOD RIVER, OR 97031	93-0834020	501(C)(3)	133,413				OPERATIONAL SUPPORT
VISION ACTION NETWORK 3700 SW MURRAY BLVD SUITE 190 BEAVERTON, OR 97005	93-1317190	501(C)(3)	10,000				OPERATIONAL SUPPORT

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

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VOLUNTEERS OF AMERICA 3910 SE STARK ST PORTLAND, OR 97214	93-0395591	501(C)(3)	25,809				SPONSORSHIP
WASHINGTON COUNTY - COMMUNITY ACTION 1001 SW BASELINE ST HILLSBORO, OR 97123	93-0554941	GOVT	5,000				OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YAMHILL COMMUNITY ACTION PARTNERSHIP 1317 NE DUSTIN CY MCMINNVILLE, OR 97128	93-0758732	501(C)(3)	65,500				COMMUNITY BENEFIT RESTRICTED GRANT
YES FOR AFFORDABLE HOUSING PO BOX 42307 PORTLAND, OR 97242	83-0668762	501(C)(3)	10,000				SPONSORSHIP

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

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YOUTH VILLAGES INC PO BOX 368 MARYLHURST, OR 97036	58-1716970	501(C)(3)	5,000				SPONSORSHIP
SUSAN G KOMEN OREGON AND SW WASHINGTON 1500 SW 1ST AVE STE 270 PORTLAND, OR 97201	93-1068897	501(C)(3)	5,650				SPONSORSHIP

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

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PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-1003750	501(C)(3)	192,336				COMMUNITY HEALTH SUPPORT
PROVIDENCE NEWBERG HEALTH FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-0889144	501(C)(3)	186,720				COMMUNITY HEALTH SUPPORT

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PROVIDENCE SEASIDE HOSPITAL FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-0927320	501(C)(3)	165,654				COMMUNITY HEALTH SUPPORT
PROVIDENCE ST VINCENT MEDICAL FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-0575982	501(C)(3)	715,748				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 HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-0921990	501(C)(3)	107,458				COMMUNITY HEALTH SUPPORT
PROVIDENCE MILWAUKIE FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	94-3079515	501(C)(3)	292,417				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 CHILDREN'S HEALTH FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	93-0800140	501(C)(3)	215,472				COMMUNITY HEALTH SUPPORT
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	91-1940286	501(C)(3)	124,246				COMMUNITY HEALTH SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 on 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 on 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**	Yes	
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 1A	PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES: FIRST CLASS TRAVEL OR CHARTER TRAVEL AIR TRAVEL IS GENERALLY REIMBURSABLE AT THE LEAST EXPENSIVE AIRFARE WHICH PERMITS DEPARTURES AND ARRIVALS AT REASONABLE TIMES AND REASONABLE DISTANCE TRAVELED. EMPLOYEES ARE ENCOURAGED TO PLAN IN ADVANCE TO GET AVAILABLE DISCOUNTS. AIRLINE FREQUENT FLYER UPGRADES WILL NEVER BE REIMBURSED. IN LIMITED SITUATIONS FIRST CLASS TICKETS AND CHARTER MAY BE REIMBURSED WHEN APPROVED BY A SENIOR LEVEL SUPERVISOR. TRAVEL FOR COMPANIONS SPOUSE OR COMPANION TRAVEL. TRAVEL EXPENSES INCURRED BY A PROVIDENCE EMPLOYEE'S SPOUSE OR COMPANION WILL NOT BE REIMBURSED BY PROVIDENCE UNLESS THE SPOUSE OR COMPANION IS REQUIRED TO, OR INVITED TO ATTEND A PROVIDENCE SYSTEM-SPONSORED MEETING, OR FOR TRAVEL RELATED TO RELOCATION. RELOCATION-RELATED VISITS SHOULD NOT EXCEED TWO RELOCATION-RELATED VISITS, UNLESS APPROVED BY THE EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER OF PROVIDENCE. REIMBURSEMENT OF THESE EXPENSES IS LIMITED AND MAY BE CONSIDERED A TAXABLE BENEFIT BY THE IRS AND IF SO, ARE INCLUDED ON THE EMPLOYEE'S FORM W- 2. JOEL GILBERTSON - $2,565 MARY CRANSTOUN - $2,565 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS RELOCATION PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO RELOCATION EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THE RELOCATION EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THE RELOCATION BENEFITS, SO THAT A PORTION OF THE REIMBURSEMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - FINANCIAL/RETIREMENT PLANNING PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO FINANCIAL AND RETIREMENT PLANNING EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THESE OTHER EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THIS BENEFIT, SO THAT A PORTION OF THE PAYMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. PERSONAL SERVICES PROVIDENCE OFFERS FINANCIAL PLANNING SERVICES AS AN OPTIONAL BENEFIT TO EMPLOYEES AT VICE PRESIDENT LEVEL AND ABOVE. THE AMOUNTS REPORTED FOR THE FINANCIAL PLANNING SERVICES ARE INCLUDED AS TAXABLE INCOME ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990 FOR THE EMPLOYEES WHO PARTICIPATE.
PART I, LINE 3	DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT OFFICIAL 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.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: MCDONAGH, TOM - $ 491,471 TONCRAY, SHARON - $ 421,300 NEWELL, JANICE - $ 330,112 ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR: ROD F. HOCHMAN, MD - $1,378,122 MIKE BUTLER - $795,755 DEBRA CANALES - $613,775 RHONDA MEDOWS, MD - $283,794 CINDY STRAUSS - $344,018 AMY COMPTON-PHILLIPS, MD - $227,086 ERIN ALLEN - $74,466 LISA VANCE - $103,747 JOEL GILBERTSON - $169,849 AARON MARTIN - $206,029 JO ANN ESCASA-HAIGH - $156,837 TOM MCDONAGH - $561,877 SHARON TONCRAY - $636,374 GREG TILL - $83,902 ERIC KIRKER - $42,243 MIKE WATERS - $155,073 GARY OTT - $132,895 JOHN WHIPPLE - $146,592 DOUG KOEKKOEK - $155,893 WILLIAM OLSON - $73,665 JANICE BURGER - $202,818 JANICE NEWELL - $289,417 OREST HOLUBEC - $156,821 MATTHEW MCCLELLAND - $36,725 MARY CRANSTOUN - $79,124 DAVID BROWN - $143,978 DEBBIE BURTON - $57,156 JACK MUDD - $32,116 KRISTA FARNHAM - $1,681
PART I, LINE 7	NON-FIXED PAYMENTS THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF CARE THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST, AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE PRACTICES IN THE INDUSTRY.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROD F HOCHMAN MD FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,116,529	6,126,469	1,454,493	1,187,824	29,527	10,914,842	3,819,383
1MIKE BUTLER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,445,448	1,133,982	841,673	571,275	26,545	4,018,923	1,472,737
2DEBRA CANALES FORMER EVP CAO PSJH	(i)	0	0	0	0	0	0	0
	(ii)	893,126	651,636	659,325	336,204	17,333	2,557,624	929,511
3RHONDA MEDOWS MD FORMER PRESIDENT POP HEALTH/AYIN	(i)	0	0	0	0	0	0	0
	(ii)	941,139	618,340	329,359	254,421	20,033	2,163,292	577,152
4CINDY STRAUSS SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	823,797	528,043	383,169	321,803	25,430	2,082,242	640,817
5 AMY COMPTON-PHILLIPS MD FORMER EVP CHIEF CLINICAL OFC PSJH	(i)	0	0	0	0	0	0	0
	(ii)	800,363	630,228	271,234	219,836	28,629	1,950,290	608,504
6VENKAT BHAMIDIPATI EVP/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	1,050,394	523,975	41,123	280,148	24,654	1,920,294	319,593
7ERIN ALLEN PHYSICIAN - DERMATOLOGY	(i)	1,281,818	0	156,373	133,693	23,122	1,595,006	74,466
	(ii)	0	0	0	0	0	0	0
8LISA VANCE EVP REGIONAL CE OR	(i)	0	0	0	0	0	0	0
	(ii)	783,943	383,946	146,106	220,810	24,842	1,559,647	282,049
9JOEL GILBERTSON FORMER EVP COMMUNITY PARTNERSHIPS	(i)	0	0	0	0	0	0	0
	(ii)	556,867	551,880	206,393	175,653	28,137	1,518,930	319,671
10AARON MARTIN FORMER EVP CHIEF MKT/DIGITAL INNO OF	(i)	0	0	0	0	0	0	0
	(ii)	677,199	396,342	228,732	188,750	5,562	1,496,585	430,874
11JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	722,963	270,658	195,289	209,155	8,669	1,406,734	427,495
12TOM MCDONAGH FORMER VP/CHIEF INVESTMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	24,798	219,548	1,112,292	29,571	16,441	1,402,650	644,223
13SHARON TONCRAY FORMER SVP/CHIEF LABOR EE COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	0	272,921	1,091,341	5,620	31,007	1,400,889	771,066
14GREG TILL FORMER CHIEF PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	588,318	457,763	120,432	169,131	27,836	1,363,480	199,046
15ERIC KIRKER SURGEON - CARDIOLOGY	(i)	1,057,454	30,000	81,406	74,437	21,122	1,264,419	42,243
	(ii)	0	0	0	0	0	0	0
16MIKE WATERS FORMER EVP AMBULATORY CARE NETWORK	(i)	0	0	0	0	0	0	0
	(ii)	538,503	255,592	255,618	148,230	11,503	1,209,446	290,614
17GARY OTT SURGEON - CARDIOLOGY	(i)	894,795	30,000	161,822	62,225	21,357	1,170,199	132,895
	(ii)	0	0	0	0	0	0	0
18JOHN WHIPPLE ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	470,433	259,537	175,676	210,397	25,434	1,141,477	300,654
19DOUG KOEKKOEK FORMER SYSTEM CMO	(i)	0	0	0	0	0	0	0
	(ii)	488,569	272,191	176,658	172,201	28,906	1,138,525	270,300

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				
21WILLIAM OLSON COO OR REGION	(i)	0	0	0	0	0	0	0
	(ii)	519,705	276,867	100,178	191,921	15,063	1,103,734	220,879
1JANICE BURGER CHIEF EXEC ST VINCENT MEDICAL CENTER	(i)	0	0	0	0	0	0	0
	(ii)	457,058	220,258	226,562	166,495	25,281	1,095,654	301,620
2JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFFCR	(i)	0	0	0	0	0	0	0
	(ii)	0	325,436	746,440	17,430	1,310	1,090,616	426,198
3OREST HOLUBEC FORMER SVP CHIEF COMMUNICATION OFCR	(i)	0	0	0	0	0	0	0
	(ii)	467,371	231,245	193,343	141,823	27,155	1,060,937	260,468
4MATTHEW MCCLELLAND PHYSICIAN - DERMATOLOGY	(i)	839,749	6,000	114,668	59,806	26,269	1,046,492	36,725
	(ii)	0	0	0	0	0	0	0
5TORIN FITTON PHYSICIAN SURGERY CARDIOVASC	(i)	876,472	15,000	21,190	56,871	16,752	986,285	0
	(ii)	0	0	0	0	0	0	0
6JIM WATSON ESQ ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	467,350	370,314	5,830	103,753	34,057	981,304	0
7MARY CRANSTOUN FORMER SVP TOTAL REWARDS TALENT ACQ	(i)	0	0	0	0	0	0	0
	(ii)	461,694	221,414	118,613	143,504	23,757	968,982	190,925
8DAVID BROWN FORMER SVP CAO AMBULATORY CARE	(i)	0	0	0	0	0	0	0
	(ii)	400,767	231,141	165,206	137,229	27,115	961,458	251,637
9DEBBIE BURTON FORMER SVP CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	397,242	224,453	88,397	141,638	28,649	880,379	158,120
10JACK MUDD FORMER SVP/MISSION LEADERSHIP	(i)	0	0	0	0	0	0	0
	(ii)	6,684	80,840	714,634	5,550	902	808,610	112,956
11KRISTA FARNHAM CHIEF EXEC PORTLAND MEDICAL CENTER	(i)	0	0	0	0	0	0	0
	(ii)	418,580	70,252	2,643	131,207	29,685	652,367	71,933
12MELISSA DAMM CFO OR REGION	(i)	0	0	0	0	0	0	0
	(ii)	275,238	18,951	9,660	64,149	8,495	376,493	18,951
13DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT	(i)	0	0	0	0	0	0	0
	(ii)	200,073	22,110	560	10,673	9,318	242,734	22,110
14TERRY SMITH FORMER SVP/MANAGEMENT SVCS	(i)	0	0	0	0	0	0	0
	(ii)	114,323	36,002	6,295	8,227	5,612	170,459	0
15TAMMY TEODOSIO FORMER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	115,500	0	17,965	12,772	12,122	158,359	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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 V, LINE 15	INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF THE RELATED ORGANIZATION. IT IS THE INTENTION OF PROVIDENCE AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE EMPLOYEES OF A RELATED ORGANIZATION WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION. THE RELATED ORGANIZATION COMMON LAW EMPLOYEES ARE INCLUDED IN THE RELATED ORGANIZATIONS SECTION 4960 TAX ANALYSIS AND REPORTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS 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	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS 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. ALL DIRECTOR NOMINATIONS THAT COME FROM THE PROVIDENCE HEALTH & SERVICES - OREGON BOARD AS NOMINATIONS MUST BE APPROVED BY PROVIDENCE HEALTH & SERVICES, AS THE CORPORATE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS 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 ENTITY OR WORK OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY 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, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY. ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION 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 RELATED ORGANIZATION. IT IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDE S INSIGHT INTO HOW PROVIDENCE ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLL OWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENS ATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. PROVIDENCE HAS A SINGLE FIDUCIARY BO ARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVID ENCE MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZAT ION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL ENTITIES. P ROVIDENCE ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUAL ITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROV IDENCE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR EXECUTIVES, INCLUDIN G ALL OFFICERS. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED AT LEAST ANNUALLY BY THE EXECU TIVE COMPENSATION COMMITTEE, WHICH IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OUTSIDE, INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS, THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY EXECUTIVE WHOSE COMPENSAT ION IS REVIEWED BY THE COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPEND ENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP RO LES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PR OVIDENCE IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHM ARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE SU BSTANTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING A SIMILAR AMOUNT OF ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE OFTEN LOOKS TO GENERAL INDUSTRY F OR LEADERS IN CERTAIN FUNCTIONAL AREAS, PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL I NDUSTRY MARKET DATA IN THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES A RE GENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE HIGHER), AS IDENTIFIED BY THE IN DEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT /CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMA NCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PRO CESS INCLUDES A RIGOROUS ANALY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE RE VIEW AND APPROVAL PROCESS. TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANI ZATION AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMP ENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTH ERING PROVIDENCE'S OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPRO PRIATE MARKET PRACTICES. THE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECUTIV E COMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL COMPENSATION IS CONSI DERED REASONABLE) AND REFLECTS BEST GOVERNANCE PRACTICES IN THE INDUSTRY. THE PROCESS WAS LAST COMPLETED IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, CONSOLIDATED AUDITED FINANCIAL STATEMENTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PROVIDENCE INTERNET SITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL DIRECTOR & MED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 76,191,659. MANAGEMENT AND GENERAL EXPENSES 14,222,460. FUNDRAISING EXPENSES 3,822. TOTAL EXPENSES 90,417,941. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 69,412,880. MANAGEMENT AND GENERAL EXPENSES 8,545,544. FUNDRAISING EXPENSES 721,353. TOTAL EXPENSES 78,679,777. REPAIRS & MAINTENANCE: PROGRAM SERVICE EXPENSES 16,985,990. MANAGEMENT AND GENERAL EXPENSES 21,633,053. FUNDRAISING EXPENSES 7,268. TOTAL EXPENSES 38,626,311. AGENCY & CONTRACT LABOR: PROGRAM SERVICE EXPENSES 13,366,212. MANAGEMENT AND GENERAL EXPENSES 1,197,619. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,563,831. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 869,754. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 869,754. OTHER PATIENT SERVICES: PROGRAM SERVICE EXPENSES 117,589,469. MANAGEMENT AND GENERAL EXPENSES 1,014,576. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 118,604,045.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	FAS 136 - RECIPIENT ORGANIZATION ADJUSTMENT 30,077,979. NET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGANIZATIONS -872,418,894. CHANGE IN EQUITY RELATED TO INVESTMENTS -453,343. OTHER 43,801,750.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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) CREDENA HEALTH LLC 6348 NE HALSEY ST SUITE A PORTLAND, OR 97213 47-3598083	PHARMACY	OR	271,385,470	65,991,691	PHS - OR
(2) PROVIDENCE FAIRVIEW PROPERTIES LLC 1235 NE 47TH AVENUE SUITE 260 PORTLAND, OR 97213	REAL ESTATE	OR	0	20,973,959	PHS - OR
(3) PROVIDENCE PADDEN PROPERTIES LLC 1235 NE 47TH AVENUE SUITE 260 PORTLAND, OR 97213	REAL ESTATE	OR	1	20,973,959	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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
2081 BUSINESS CENTER DR STE 195 NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	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	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7005501	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0093565	HEALTHCARE	AK	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1554288	HEALTHCARE	WA	501(C)(3)	7	PHS W 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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3078543	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0143024	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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	
20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	N/A									
BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	N/A									
CENTER FOR MATERNAL NEWBORN AND CHILD 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-3526875	HEALTHCARE	CA	N/A									
CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	PHS OR	RELATED	682,823	887,021		No		Yes		67.000 %
COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 81-0986844	HEALTHCARE	CA	N/A									
COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-5033419	HEALTHCARE	TX	N/A									
BRIDGEPORT MEDICAL IMAGING (BMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG.	OR	PHS OR	RELATED	527,681	529,070		No		Yes		75.000 %
CENTER FOR MEDICAL IMAGING (CMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG.	OR	PHS OR	RELATED	708,661	1,255,454		No		Yes		75.000 %
FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0927394	AMBULATORY SURG	CA	N/A									
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									
IMAGING ASSOCIATES LLC 3650 PIPER STREET STE A ANCHORAGE, AK 99508 20-3906048	MEDICAL IMAGING	AK	N/A									
INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	N/A									
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	N/A									
NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	N/A									
NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	N/A									
OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	PHS OR	RELATED	1,889,184	4,711,285		No		Yes		70.000 %
OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	N/A									
PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A									
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-2701056	INVESTMENTS	WA	N/A									
PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	N/A									
PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0918549	NEONATAL CARE	WA	N/A									
PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	N/A									
PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0118807	MEDICAL IMAGING	AK	N/A									
PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3190634	INVESTMENTS	WA	PHS WA	EXCLUDED	35,597,437	909,878,571		No			No	16.230 %
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	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 UCLA USP SURGERY CENTER JV 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 32-0503030	AMBULATORY SURG	CA	N/A									
PROVIDENCEUSP SOUTH BAY SURGERY CENTERS 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 47-5064486	AMBULATORY SURG	CA	N/A									
PROVIDENCEUSP SURGERY CENTERS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0684116	AMBULATORY SURG	CA	N/A									
RADIATION THERAPY INNOVATIONS LLC 1221 MADISON STREET 1ST FL SEATTLE, WA 98104 30-0553035	HEALTHCARE	WA	N/A									
REDMOND AMBULATORY SURGERY CENTER LLC 805 MADISON ST STE 901 SEATTLE, WA 98104 81-3558711	AMBULATORY SURG	WA	N/A									
SANTA ANA MOB LLC 1800 QUAIL STREET STE 100 NEWPORT BEACH, CA 92660 75-3205306	REAL ESTATE - MOB	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									
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									
ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3352570	AMBULATORY SURG	CA	N/A									
SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	N/A									
TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	N/A									
THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	N/A									
YELM MEDICAL OFFICE BUILDING 2840 CRITES ST SW STE 104 TUMATER, WA 98512 26-3685020	REAL ESTATE - MOB	WA	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 BD	CAPTIVE INSURANCE	BD	N/A	C					No
AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3037172	HEALTHCARE	DE	N/A	C					No
BLUETREE NETWORK INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	N/A	C					No
BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	N/A	C					No
CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MED PHYS SVCS	MT	N/A	C					No
COMMUNITY TECHNOLOGIES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4722399	IT SVCS	DE	N/A	C					No
DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3070062	IT SVCS	DE	N/A	C					No
ENGAGE IT SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4058573	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
HOAG PHYSICIAN PARTNERS 16148 SAND CANYON AVE IRVINE, CA 92618 83-4276044	HEALTHCARE	CA	N/A	C					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	N/A	C					No
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	N/A	C					No
LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3881097	HEALTHCARE	WA	N/A	C					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	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
PERFORMANCE HEALTH TECHNOLOGY LTD 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302 93-1211733	HEALTHCARE	OR	N/A	C					No
MEDIREVV INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8783763	HEALTHCARE	DE	N/A	C					No
PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRAT PLAN SVCS	CA	N/A	C					No
PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 36-4818191	HEALTH INNOVATNS	WA	N/A	C					No
PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C					No
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	N/A	C					No
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 90-0155714	CLIN/MED LAB	WA	N/A	C					No
PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTH	CA	N/A	C					No
PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0122216	INVESTMENT	CA	N/A	C					No
PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1216033	HEALTHCARE	WA	N/A	C					No
PROVIDENCE RCM GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE SERVICES GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	N/A	C					No
ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	N/A	C					No
ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	N/A	C					No
ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	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
VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENTS	CA	N/A	C					No
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0953654	INVESTMENTS	WA	N/A	C					No
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	N/A	S					No
GRADY BLOCKER LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	N/A	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROVIDENCE HEALTH & SERVICES - WASHINGTON	A	5,380,467	COST
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION	C	124,246	COST
PROVIDENCE CHILDREN'S HEALTH FOUNDATION	C	215,472	COST
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC	C	107,458	COST
PROVIDENCE MILWAUKIE FOUNDATION	C	279,782	COST
PROVIDENCE NEWBERG HEALTH FOUNDATION	C	186,720	COST
PROVIDENCE SEASIDE HOSPITAL FOUNDATION	C	165,654	COST
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	C	715,748	COST
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	C	192,336	COST
PROVIDENCE COMMUNITY HEALTH FOUNDATION (MEDFORD)	K	10,240,741	COST
PROVIDENCE SILVERTON REHAB JV	K	317,874	COST
PROVIDENCE OREGON CLINICAL PROGRAMS	K	4,867,971	COST
PROVIDENCE HEALTH & SERVICES - WASHINGTON	L	3,143,007	COST
PROVIDENCE CHILDREN'S HEALTH FOUNDATION	M	1,604,504	COST
PROVIDENCE HEALTH PLAN	M	8,783,746	COST
WASHINGTON MONTANA REGIONAL SERVICES	M	11,453,393	COST
HERITAGE COASTAL OC	M	2,754,458	COST
UNEMPLOYMENT COMPENSATION TRUST	M	4,468,398	COST
JOHN WAYNE CANCER INSTITUTE	M	334,535	COST
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION	M	454,671	COST
OREGON DELIVERY ELIM ENTITY	M	4,088,119	COST
PROVIDENCE PORTLAND MEDICAL FOUNDATION	M	445,609	COST
PROVIDENCE MILWAUKIE FOUNDATION	M	801,619	COST
PROVIDENCE NEWBERG HEALTH FOUNDATION	M	880,764	COST
PROVIDENCE SEASIDE HOSPITAL FOUNDATION	M	3,965,742	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	M	121,573,408	COST
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	M	1,817,254	COST
WASH REGION ELIM ENTITY	M	4,204,254	COST
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC	M	113,051	COST
PROVIDENCE OREGON CLINICAL PROGRAMS	O	25,400,773	COST
PROVIDENCE OREGON CLINICAL PROGRAMS	R	128,056,759	COST
PROVIDENCE HEALTH & SERVICES WASHINGTON	R	122,385,394	COST
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	R	125,000	COST
PROVIDENCE HEALTH & SERVICES - WASHINGTON	R	2,857,937	COST
PROVIDENCE HEALTH & SERVICES - WASHINGTON	S	310,208	COST
PROVIDENCE OREGON CLINICAL PROGRAMS	S	56,716	COST
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC	B	107,458	COST
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION	B	124,246	COST
PROVIDENCE SEASIDE HOSPITAL FOUNDATION	B	165,654	COST
PROVIDENCE NEWBERG HEALTH FOUNDATION	B	186,720	COST
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	B	192,336	COST
PROVIDENCE CHILDREN'S HEALTH FOUNDATION	B	215,472	COST
PROVIDENCE MILWAUKIE FOUNDATION	B	292,417	COST
PROVIDENCE ST VINCENT MEDICAL FOUNDATION	B	715,748	COST