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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 black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 04-01-2008 and ending 03-31-2009 D Employer identification number C Name of organization B Check if applicable Please LEGACY SALMON CREEK HOSPITAL use IRS Address change 33-1065485 label or Doing Business As E Telephone number print or Name change type. See Specific (503) 415-5600 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 164,655,664 2211 NE 139TH STREET -Termination tions. City or town, state or country, and ZIP + 4 VANCOUVER, WA 98686 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for GEORGE 1 BROWN MD ┌ Yes ┌ No affiliates? C/O 1919 NW LOVEJOY STREET PORTLAND, OR 97209 Γ Yes **Γ** No H(b) Are all affiliates included? Tax-exempt status (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW LEGACYHEALTH ORG H(c) K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 2002 M State of legal domicile WA Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box [if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) . . . 5 Total number of employees (Part V, line 2a) . . . 0 460 6 Total number of volunteers (estimate if necessary) . 204.005 7a Total gross unrelated business revenue from Part VIII. line 12. column (C). 7a -14,095 Net unrelated business taxable income from Form 990-T, line 34 7b b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 9,863 95,716 Revenue Program service revenue (Part VIII, line 2g) . 139,588,187 163,635,096 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 12,605 -21,700 -2,228,592 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -2,000,179 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 137,347,758 161,743,238 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,750 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 62,777,857 79,618,433 10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 77,578,071 81,911,136 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 140,355,928 161,538,319 19 Revenue less expenses Subtract line 18 from line 12 -3.008.170 204.919 Assets or defined and the second seco **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 264,135,209 257,167,378 21 Total liabilities (Part X, line 26) 22,531,418 28,370,818 22 Net assets or fund balances Subtract line 21 from line 20 241,603,791 228,796,560 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 Please 2010-02-16 Sign Signature of officer Here PAMELA S VUKOVICH SR VICE PRES & CFO Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 「 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** Phone no May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any sig the prior Form 990 or 990-EZ? If "Yes," describe these new services		ervices during the year	which were not listed on	┌ Yes ┌ No
3	Did the organization cease conducting		nt changes in how it con	ducts any program	
,	services?				┌ Yes ┌ No
	If "Yes," describe these changes on So	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenu	ns and 4947(a)(1)	trusts are required to re	eport the amount of grants	
4a	(Code) (Expenses \$ LSCH was the State of Washington's first new occupancy LSCH provides a full array of hosp pediatric, obstetrical, and emergency services complete their entire patient records electroni provides medically necessary patient care ser During fiscal year 2009, LSCH provided financi resulted in LSCH incurring roughly \$6,060,000 various states' Medicaid programs for financia exceeds the government payments received attributable to Medicaid, Medicare, and other education, donations to other charitable entirt part of Legacy, which collectively provided ov Medicaid, Medicare, and other government practivities during fiscal year 2009	ortal services, including LSCH utilizes an elect cally and can remotely vices that are discount cal assistance on appro in uncompensated co- illy needy patients Med During fiscal year 200 government programs es, research, and othe er \$60 million, \$63 mil	since 1979 The hospital oper surgery, diagnostics, inpatiestronic information system for access patient records, included or free of charge to perso eximately 14,000 patient accests associated with this programate beneficiaries, and other programate, respectively LSCH also prore health improvement service lion, \$45 million, and \$1 million,	nt and outpatient medical services medical records and physician or ding diagnostic images. In support in swho have insufficient resource ounts (of which 45% received distant. In addition to charity care, LS r government programs for which ely \$10,300,000, \$6,712,000 and wides a variety of other communities, which totaled roughly \$351,00 ion in uncompensated care attribution.	s, neonatal intensive care unit, der entry Physicians are able to of its mission, LSCH voluntarily is and/or who are uninsured counts totaling 100% of costs) and GCH provides services under the cost of treating these patients \$140,000 in uncompensated costs by benefit activities such as medical of during fiscal year 2009 LSCH is itable to its financial assistance,
4Ь	(Code) (Expenses \$ LSCH operates adult, pediatric, and OB/GYN h Washington LSCH utilizes an electronic inform electronically and can remotely access patient	nation system for medi	s well as four primary care ph ical records and physician ord		
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Describe in	•			
	(Expenses \$	including grants of	·) (Revenue \$)
4e	Total program service expenses \$	134,046,37	74 Mustequal Part IX,	Line 25, column (B).	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Legacy Salmon Creek Hospital (LSCH), established in 2005, provides acute and critical care in Vancouver, with 165 licensed beds. LSCH operates adult, pediatric, and OB/GYN hospitalist programs, as well as four primary care physician practices and three specialty clinics. LSCH provides a comprehensive range of inpatient, clinical and diagnostic services in numerous medical specialties and subspecialties. LSCH is part of Legacy Health System (Legacy). Our mission: Our legacy is good health for our people, our patients, our communities, and our world. We will work as a team to demonstrate our values: Respect - Treat all people with respect and compassion Service - Put the needs of our patients and their families first Quality - Deliver outstanding clinical services within healing environments Excellence - Set high standards and achieve them Responsibility - Be good stewards of our resources, ensuring access to care for all Innovation - Be progressive in our thinking and actions Leadership -

Part IV	Chec	klist 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? 🕏	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		N o
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?			1c		No
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	0			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities ac	ıgnatu	ire or other authority			
	account)?			4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			N o
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty 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	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	•	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			0		N o
	year ²			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		Νο
10	Section 501(c)(7) organizations. Enter	ī				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	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	ı lıeu d	of Form 1041?	12a		Νο
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section</u>	<u>A.</u>	Governing	Body	and	Management	

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 14			
Ь	Enter the number of voting members that are independent 18			
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		Νο
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAMELA VUKOVICH 1919 NW LOVEJOY STREET PORTLAND, OR 97209 (503) 415-5600

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) age Includual Trustee or Director		Formal Formal Formal Majors e Complex Complex Complex Control Complex Control			Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-			

Part VII Continued

		Posi t				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>							
				\vdash			\vdash			
							\vdash			
1b Total							>	1,809,077	8,726,179	1,140,489

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►72

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J for such individual</i>	3	Yes	
4	For any individual listed online 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 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

(A) Name and business address	(B) Description of services	(C) Compensation
ZIMMER GUNSUL FRANSCA ARCHITECTS LLP 320 SW OAK ST SUITE 500 PORTLAND, OR 97204	ARCHITECT DESIGN	958,855
SALMON CREEK ANESTHESIA 2211 NE 139TH ST STE 2C1 VANCOUVER, WA 98686	MEDICAL SERVICES	485,246
GE MEDICAL SYSTEMS PO BOX 843553 DALLAS, TX 75284	MEDICAL SERVICES	613,950
COLUMBIA ANESTHESIA GROUP PO BOX 5157 VANCOUVER, WA 98668	MEDICAL SERVICES	1,635,169
BAUGH SKANSKA INC PO BOX 767 BEAVERTON, OR 97075	CONSTRUCTION	4,866,679
2 Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	- 27

Form 990, Part VII - Section Aaa

Torris 550/ Fart VII Section Aut	-									
			(C lion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Highest compensate employee Key employee Officer Institutional Trustee or Prector		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
COLLEEN A CAIN , VICE CHAIR	5 00	Х		Х				0	0	0
CAREY L WINKLER , PHYSICIAN	40 00					Х		337,533	0	-5,329
CARBER C HUANG , PHYSICIAN	40 00					Х		263,939	0	33,600
BISHOP JOHNCY ITTY PHD , BOARD DIRECTOR	3 00	Х						0	0	0
BISHOP DAVID BRAUER-RIEKE , BOARD DIRECTOR	3 00	Х						0	0	0
BARBARA K FERRE MD , BOARD DIRECTOR	4 00	Х						0	0	0

Software ID: Software Version:

EIN: 33-1065485

Name: LEGACY SALMON CREEK HOSPITAL

Form 990. Part VII - Section Aaa

1									
		tion (ched)				(F)	
(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
3 00	х						0	0	0
40 00					Х		279,900	0	23,829
3 00	×						0	30,000	0
40 00				Х			0	356,581	29,524
40 00			Х				0	369,836	38,309
4 00			<u> </u>				0	0	0
7 00 4 00	X		X				0		
						Y	0	4 805 897	665,586
40.00				X		_	0		
40 00				<u> </u>	X		256,103	0	39,443
40 00			х				0	759,645	60,514
40 00			х				0	401,705	23,544
3 00	Х						0	0	0
						x	0	108,514	-18,648
						X	0	185,845	-37,928
40 00				X			331,452	0	57,937
4 00	Х						0	0	0
4 00	Х						0	0	0
3 00	Х						0	0	0
3 00	X						0		
4 00	X						0	0	0
4 00	×						0	0	0
			х				0	·	
				X			0	437,596	·
 				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 ×		·	400 465	17,955
				<u> </u>			0	488,165	71,241
3 00	Х						0	0	0
3 00	х						0	0	0
	A verage hours per week 3 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 3 00 40 00 40 00 40 00 40 00 40 00 40 00 40 00 30 00	(B) A verage hours per week 3 00	(B) A verage hours per week 3 00	(B) A verage hours per week 3 00	(B) A verage hours per week 3 00	(B) A verage hours per week 3 00	(B) Average hours per week 3 00	(B) A verage hours per week	(B) A verage hours per week

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated Business	(D) Revenue
					Exempt Function Revenue	Revenue	Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a		Revenue		312, 313, 01 314
nts nts	ь	Membership dues					
s, gra	С	Fundraising events					
# # #	d	Related organizations					
.ĕ. Щ.	e	Government grants (contributions) 16					
ution her si	f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in					
ەت 	h	Ines 1a-1f \$ 19,655 Total (Add lines 1a-1f)		95,716			
œ.			Business Code				
n e	2a	RETAIL PHARMACY	_	204,005		204,005	
æ	Ь	PATIENT PROGRAM REV	-	369,804,428	369,804,428		4 424 024
166	c d	CONVENIENCE OF MEMBERS CONTRACTUAL ALLOWANCE	-	1,134,831	102 127 200		1,134,831
<u>.</u>	e	CHARITY CARE	-	-192,437,390	-192,437,390		
Ē	f			-15,070,778	-15,070,778		
Program Serwce Revenue		All other program service revenue					
	g 3	Total. Add lines 2a-2f					
	3	Investment income (including divother similar amounts)		12,605			12,605
	4	Income from investment of tax-exempt l	pond proceeds	0			
	5		▶	0			
	3	Royalties	(II) Personal	Ü			
	6a	Gross Rents 912,247					
	ь	Less rental 2,912,426					
	с	expenses Rental income -2,000,179					
	d	or (loss) Net rental income or (loss)		-2,000,179			-2,000,179
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	(II) O their				
		assets other than inventory					
	b	Less cost or other basis and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	. •	0			
	8a	Gross income from fundraising events (not including					
Φ		\$					
듄		of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
ř.	ь	\$15,000					
Other Revenue	c	Less direct expensesb Net income or (loss) from fundrais		o			
0	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		, ,					
	ь	Less direct expensesb	1				
	С	Net income or (loss) from gaming	activities •	0			
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales o		0			
		Miscellaneous Revenue	Business Code				
	11a		_				
	Ь		_				
	С		_				
	d	All other revenue					
	е	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	161,743,238	162,296,260	204,005	-852,743
	ĺ	8c,	L				

	Form 990, Part VIII -	Statement of	Revenue - 2	a - 2g Pı	rogram Se	rvice Reve	nue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
а	RETAIL PHARMACY		204,005		204,005	
Ь	PATIENT PROGRAM REV		369,804,428	369,804,428		
С	CONVENIENCE OF MEMBERS		1,134,831			1,134,831
d	CONTRACTUAL ALLO WANCE		-192,437,390	-192,437,390		
е	CHARITY CARE		-15,070,778	-15,070,778		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Legacy Salmon Creek Hospital (LSCH), established in 2005, provides acute and critical care in Vancouver, with 165 licensed beds. LSCH operates adult, pediatric, and OB/GYN hospitalist programs, as well as four primary care physician practices and three specialty clinics. LSCH provides a comprehensive range of inpatient, clinical and diagnostic services in numerous medical specialties and subspecialties. LSCH is part of Legacy Health System (Legacy). Our mission: Our legacy is good health for our people, our patients, our communities, and our world. We will work as a team to demonstrate our values: Respect - Treat all people with respect and compassion Service - Put the needs of our patients and their families first Quality - Deliver outstanding clinical services within healing environments Excellence - Set high standards and achieve them Responsibility - Be good stewards of our resources, ensuring access to care for all Innovation - Be progressive in our thinking and actions Leadership -

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do 1	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 governments and organizations in the U S See Part IV, line 21	8,750	8,750		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	389,389	389,389		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	64,462,023	57,459,730		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,174,358	1,920,702	253,656	
9	Other employee benefits	8,100,270	7,161,010	939,260	
10	Payroll taxes	4,492,393	3,988,961	503,432	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	221,922	172,336	49,586	
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	254,768	197,843	56,925	
17	Travel	176,585	137,129	39,456	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	-38,702	-30,055	-8,647	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,313,119	14,221,277	4,091,842	
23 24	Insurance	2,076,121	1,905,917	170,204	
	total expenses shown on line 25 below)				
а	SUPPLIES	19,609,417	18,733,702	875,715	
Ь	OTHER EXPENSES	3,410,554	2,538,118	872,436	
С	MANAGEMENT FEES	13,228,956	2,395,764	10,833,192	
	CONTRACT SERVICES	5,956,625	4,795,430	1,161,195	
	BAD DEBTS	12,591,606	12,591,606		
	All other expenses	6,110,165	5,458,765	651,400	
25	Total functional expenses. Add lines 1 through 24f	161,538,319	134,046,374	27,491,945	0
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2009)

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				215,525	1	161,501
	2	Savings and temporary cash investments					2	0
	3	Pledges and grants receivable, net					3	0
	4	Accounts receivable, net				19,566,289	4	19,888,535
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			ees or	17,239	5	11,898
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 4958(6	0
	7	Notes and loans receivable, net					7	0
	8	Inventories for sale or use				1,745,748	8	1,756,045
22	9	Prepaid expenses and deferred charges				721,566	9	748,855
ssets	10a	Lord boddwar and common book book						
As		Land, buildings, and equipment cost basis	10a		303,446,183			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		73,448,471	239,269,451	10c	229,997,712
	11	Investments—publicly traded securities					11	0
	12	Investments—other securities See Part IV, line 11 <i>Complete B Schedule D</i>	Part VII	I of			12	0
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	Part VI	II			13	0
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	ı			2,599,391	15	4,602,832
	16	Total assets. Add lines 1 through 15 (must equal line 34)				264,135,209	16	257,167,378
	17	Accounts payable and accrued expenses .				4,593,144	17	13,151,517
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
je	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				17,938,274	25	15,219,301
	26	Total liabilities. Add lines 17 through 25				22,531,418	26	28,370,818
es		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	lines 27				
ınc.	27	Unrestricted net assets				241,603,791	27	228,796,560
Balance	28	Temporarily restricted net assets					28	
d E	29	Permanently restricted net assets					29	
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	nd con	nplet e				
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Ass	32	Retained earnings, endowment, accumulated income, or other f		-			32	
Net ,	33	Total net assets or fund balances				241,603,791	33	228,796,560
Z	34	Total liabilities and net assets/fund balances				264,135,209		257,167,378
Pa	rt XI	Financial Statements and Reporting						_

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 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		Νο
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	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493047012240

OMB No 1545-0047

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Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-F7. See separate instructions.

Name of the organization Employer identification number LEGACY SALMON CREEK HOSPITAL 33-1065485 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) $\overline{\mathbf{v}}$ A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) 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) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
Total										

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization LEGACY SALMON CREEK HOSPITAL

33-1065485

Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		inds or Accounts. Complete if the
	organization anovered res to reminist	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?	nefit of the donor or donor advisor or other	
	t II Conservation Easements. Complete		Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of ce	rtified historic structure
-	on the last day of the tax year	inica conservation contribution in the form	
_			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
с	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		tions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ar ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	·
Par	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		- \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collecti	ons of Art, His	tori	cal Treas	ures, or Othe	<u>r Similar As</u>	sets (d	continued)
3	Using the organization's accession and other recorditems (check all that apply)	is, check any of th	ie fol	owing that a	re a sıgnıfıcant u	se of its collec	tion	
а	Public exhibition	d	Γ	Loan or exc	change programs			
ь	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collection Part XIV	ns and explain hov	v the	y further the	organization's ex	empt purpose	ın	
5	During the year, did the organization solicit or recei assets to be sold to raise funds rather than to be m					nılar	┌ Yes	┌ No
Par	Trust, Escrow and Custodial Arran Part IV, line 9, or reported an amount				anızatıon answ	ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custodian or concluded on Form 990, Part X?	other intermediary	for c	ontributions	or other assets		☐ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the	following table						
						An	nount	
с	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 99	0, Part X, line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the o						(-)F	V Dl-
		urrent Year (b)	Prior '	rear (c)	wo Years Back (d)	Three Years Back	(e)rour	Tears back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end b	alance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession o	f the organization	thata	are held and	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a		
	(ii) related organizations					3a(
	If "Yes" to 3a(II), are the related organizations liste Describe in Part XIV the intended uses of the organ	•				3	b	
4					Dart V June 10			
Pai	t VI Investments—Land, Buildings, and	Equipment. 5		•	·			
	Description of investment			Cost or other (investment)	(b)Cost or other basıs (other)	(c) Depreciation	(d) B	ook value
1a	Land				10,173,635	•		10,173,635
b	Buildings				221,267,800	39,168,68	1 1	82,099,119
c	Leasehold improvements				5,439	2,35	7	3,082
d	Equipment				64,816,321	34,277,43	3	30,538,888
	Other				7,182,988			7,182,988
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Form 990</i>	, Part X, column (B)	, line	10(c).) .		▶	2	29,997,712
						Schedule [) (Form	990) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of myestiment type	(D) Dook value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
NONCURRENT WORKERS' COMP LIABILITY	170,534		
NONCURRENT PHYS CONTRACTS LIABILITY	182,634		
NONCURRENT PENSION LIABILITY	13,962,643		
COMPANY AFFILIATE PAYABLE	903,490		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	15,219,301		

| 1 |

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c	-	
d	Other (Describe in Part XIV)		
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 XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	MEDICAL STAFF EXPENSE \$147807 FOUNDATION DONATION \$95716 ROUNDING \$44 OTHER EXPENSE \$84752
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	MEDICAL STAFF INCOME \$93383 FOUNDATION DONATION \$95716 OTHER EXPENSE \$84752 ROUNDING \$387
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	TRANSFER TO LEGACY HEALTH SYSTEM, EIN 23-7426300 \$ -0 CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY \$ -13012148 ROUNDING \$ -2

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DLN: 93493047012240

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization LEGACY SALMON CREEK HOSPITAL

Employer identification number

33-1065485

Pa	rt I Charity Care and	d Certain O	ther Com	munity Benefits a		r 2008)			
					, ,	,		Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a			1a		
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals								
	Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals								
3	Answer the following based organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe						3a		
	Г _{100%} Г _{150%}			Other			За		
h	Does the organization use FF					adwiduals 2 If			
ט	"Yes," indicate which of the f						١.,		
							3Ь		
	T 200% T 250%	I 300	%	350%	0% Other_	%			
С	If the organization does not u determining eligibility for free test or other threshold, regai	e or discounte	d care Inclu	ide in the description w	hether the organization				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care po	olicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resu care to a patient who was eli						5с		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	ıded ın the Schedule H	Instructions Do not	submit these			
7	Charity Care and Certain (Other Commu	nıty Benefits	at Cost			<u> </u>		
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional) (b) Persons served benefit expense (c) Total community benefit expense (d) Direct offsetting revenue (e) Net community be expense				enefit	(f) Pero total ex		
а	Charity care at cost (from worksheets 1 and 2)	, , , , ,							
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs .								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	tal community (d) Direct offsetting (e) Net comm		(e) Net commur building expens	nity	(f) Percer total expe	nt of	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2008)	1								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
LEGACY SALMON CREEK HOSPITAL									
2211 NE 139TH STREET _VANCOUVER,WA 98686	×	Х					X		
VANCOUVER, WA 30000									
-									
-									

Schedule H (Form 990) 2008 Page 4
Part VI Supplemental Information (Optional for 2008)
Complete this part to provide the following information 1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
- Provide the description required for Part 1, line 3c, Part 1, line 7, Part 111, line 4, Part 111, line 8, and Part 111, line 9b
2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
Senior leadership, in conjunction with the Board of Directors, continually assesses the needs of the communities it serves through compilation of primary and secondary market research (qualitative and quantitative), medical staff input, reviewing national trends an practices, working with local foundations and funders regarding their assessments, and working with local community-based partners to understand their needs. The goal is to understand the needs and develop programs specific to the community. Involvement is both proactive and responsive - a leadership role in initiating programs as well as being readily available as a collaborative partner when the community asks. The outcome of these assessments is the development of both long-term and fiscal year plans that are supported by a yearly budge that is proposed by staff and approved by the Board of Directors. The region served by Legacy Salmon Creek Hospital (LSCH) is experiencing significant challenges in population growth, economic development, education and health care. Recognizing that social and economic determinants impact health, LSCH has been and will remain committed to addressing these issues to improve the health of all residents the community, including equity among ethnically diverse populations.
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 charity care policy
charity care policy LSCH employs financial counselors and social workers that assist patients in obtaining coverage for their healthcare needs. This include assistance with workers compensation, motor vehicle accident policies, COBRA, veterans' assistance, LSCH's financial assistance program and public assistance programs, such as Medicaid. The criteria for financial assistance under LSCH's program is determined based of eligibility for insurance coverage, household income, qualified assets, catastrophic medical events, or other information supporting patient's inability to pay for services provided. Specifically, the LSCH Financial Assistance Program provides an uninsured discount of 15% to patients who have resided within LSCH'S primary service area for a period of six months, are uninsured for hospital care, and have household income of less than \$100,000 annually. Further discounts are available for patients, on a sliding scale, whose household income less than 400% of the federal poverty level or roughly \$80,000 for a family of four in the Portland/Vancouver metropolitan area. For patient whose household income is at or below 200% of the federal poverty level, a full subsidy is available. In addition to the household income criteria, the patients' qualified assets (e.g. 25% of household assets), and other catastrophic or economic circumstances are considered determining eligibility. In addition to financial counselors and social workers, LSCH makes every effort to communicate its Financia Assistance. Program to all patients. This includes signage in main admitting areas of the hospital and brochures explaining financia assistance in all patient care areas, as well as in appropriate languages. Financial counselors are available to assist patients and understanding and applying for available resources, including the LSCH Financial Assistance Program LSCH's website also has information about the availability of financial assistance LSCH offers financial assistance customer service Monday through Friday, as we
4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic
Legacy Salmon Creek is located in rural/suburban north Clark County. While its zipcode is the largest city in the SW Washington are (Vancouver). Formerly and still significantly a rural area, north Clark County's separate large towns are among the fastest growing in all of Washington-and the area is among the top in the entire United States. Developments are consuming much of the farmland. While this is changing the population, the towns within the SW Washington area continue to pride themselves on their hometown community environments. Legacy Salmon Creek was the first totally new hospital in the metropolitan Portland four county area in the last 25 years opening in August 2005. Prior to its opening, Clark County had one hospital located in the service area. The primary service area include 426,337 residents. The primary service area, by ethnicity non-Hispanic White 84%, Hispanic 6%, African American 2%, Asian 4% American Indian/Alaskan 1%, Hawaiian/Pacific Islander 0% and biracial 3%. Census numbers do not represent the true and changing picture. Formerly a non-Hispanic white community, the area is experiencing an increase in the SE Asian, Slavic and Hispanic populations Schools that were high-income and low-minority are now experiencing higher English-as-a-Second-Language rates and percents of student receiving reduced-cost or free lunches. The current economic crisis has hit SW Washington hard, unemployment is higher than the state average. SW Washington continues to work to build the employment base locally, a very high portion of the population commutes to Oregon for the former to the population commutes to Oregon former to the population commutes to Oregon former.
for work 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health
of the communities the organization serves
6 Provide any other information important to describing how the organization's hospitals 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.)
7 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 communites served LSCH is a subsidiary of Legacy Health System (Legacy) Legacy is an integrated health system based in Portland, Oregon and primaril operates five acute care hospitals and related services (e.g. physician practices, hospice, preferred provider network) in the greater Portland Oregon and southwest Washington area. The Legacy and LSCH Board is comprised of community and business leaders as well as
representatives of the medical staff The LSCH medical staff is open, with physicians submitting credentialing information reviewed according to LSCH policies and standards. While there is investment in a variety of community-based activities and programs as a part of its non-profestatus, an overwhelming majority of Legacy and LSCH's community benefit comes in the form of providing uncompensated care. Legacy policy of providing care regardless of the ability to pay makes it one of the region's largest providers of uncompensated care in the four county metropolitan area. In 1999, the Legacy Board allocated \$10 million to establish a Community Health Fund from operating revenue to

representatives of the medical staff The LSCH medical staff is open, with physicians submitting credentialing information reviewed according to LSCH policies and standards. While there is investment in a variety of community-based activities and programs as a part of its non-profit status, an overwhelming majority of Legacy and LSCH's community benefit comes in the form of providing uncompensated care. Legacy's policy of providing care regardless of the ability to pay makes it one of the region's largest providers of uncompensated care in the four-county metropolitan area. In 1999, the Legacy Board allocated \$10 million to establish a Community Health Fund from operating revenue to address major community health issues. For more than a decade, \$500,000 has been granted annually to community-based projects addressing racial and ethnic inequities and root causes. These dollars are in addition to Legacy's other charitable contributions. The Community Health Fund has provided 29 grants since 1999 totaling more than \$5 million. Recognizing that education, employment and income inequities exist for communities of diversity, and that health professions are lacking in diversity, Legacy established the Youth Employment in Summer program. African American and Hispanic youth receive paid summer employment in departments where they worked with health professionals and earned college scholarships between \$2,500 and \$5,000 annually. Students can remain in the program as long as they stay in school and pursued healthcare careers. Some students have remained in this program for as long as seven years and graduated with degrees in a variety of healthcare fields. Legacy encourages and supports employee volunteerism. Legacy donates \$100 to nonprofit health, human service or education organizations in honor of employees who volunteer on personal time 50 hours a year Employees may receive paid time when volunteering in one or two week time periods in local nonprofit organizations through Legacy's community service

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

leave program

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DLN: 93493047012240

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization LEGACY SALMON CREEK HOSPITAL 33-1065485 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed. 1(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (h) Purpose of grant (g) Description of ıfapplıcable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MEDICAL TEAMS 93-0878944 501(c)(3) 8,750 COST SUPPLIES FOR DISASTER INTERNATIONAL14150 SW ASSISTANCE MILTON CT TIGARD, OR 97224 Enter total number of section 501(c)(3) and government

Enter total number of other organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See	A ddit	ıonal	Data	Table
-----	--------	-------	------	-------

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Legacy reviews all organizations prior to donating cash or supplies to ensure their 501(c)(3) status Legacy regularly donates supplies to Medical Teams International for disaster relief Several Legacy medical staff members, volunteer for Medical Teams International

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DLN: 93493047012240

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

LEGACY SALMON CREEK HOSPITAL

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

Attach to Form 990. To be completed by organizations

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

			33-1065485			
Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wriprovision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the	at appl	y			
	Compensation committee	/	Written employment contract			
	✓ Independent compensation consultant Form 990 of other organizations	<u> </u> ✓	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	ĮΨ	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, P	art VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	1?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ıtal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must cor	nplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b	Yes	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		·	7		No
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in in Part III					
	III I GILIII			1 Q	1 1	1 N ~

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Software ID: 08000091 **Software Version:** 2008v2.7

EIN: 33-1065485

Name: LEGACY SALMON CREEK HOSPITAL

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
TIMOTHY J RODDY	(1) (11)	205,563	64,400	9,937	2,667	21,162	303,729	
SONJA O STEVES	(1) (11)	282,288	58,568	15,725	17,997	11,527	386,105	12,822
SCOTT H JOHNSON	(I) (II)		98,043	11,788	17,682	20,627	408,145	12,195
ROBERT J PALLARI	(I) (II)			4,805,897		665,586	5,471,483	3,515,887
RICHARD F GIBSON MD	(I) (II)		91,602	12,551	52,225	25,295	522,210	
PATRICK J MARMION	(1) (11)			18,218	12,351	27,092	295,546	
PAMELA S VUKOVICH	(I) (II)		207,490	72,379	36,641	23,873	820,159	62,454
P CAMPBELL GRONER	(I) (II)			4,730	-11,548	35,092	425,249	
MATTHEW CALAIS	(1) (11)			108,514	-18,648		89,866	
LEE DOMANICO	(1) (11)			185,845	-67,193	29,265	147,917	
JONATHAN E AVERY	(1) (11)		50,962	9,658	35,881	22,056	389,389	10,429
GEORGE J BROWN MD	(1) (11)		106,788	36,205	33,973	5,162	376,840	
GEORGE A CIOFFI MD	(1) (11)		60,369	19,624	1,544	22,713	461,853	
FRED H COLEMAN	(1) (11)			9,234	12,351	5,604	358,105	
EDWARD SCHRECK	(I) (II)	400,967	50,000	37,198	49,865	21,376	559,406	
CAREY L WINKLER	(1)			4,032	-18,854	13,525	332,204	
CARBER C HUANG	(1)		6,409	2,244	12,351	21,249	297,539	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	P	The information, explanation, or descriptions required for rare 1, lines 14, 15, 40, 54, 55, 64, 65, 7, and 6 Also complete tins part for any additional information
Ident if ier	Ret urn Ref erence	Explanation
Line 6b		SCH J, PART 1, QUESTION 6 REGARDING PAYMENT OR ACCRUAL OF COMPENSATION CONTINGENT ON THE NET EARNINGS OF THE ORGANIZATION OR ANY RELATED ORGANIZATIONLegacy has an at-risk incentive compensation plan for management. The plan is based on Legacy's 5 pillars. People, Service, Quality, Finance, & Growth. In order to payout any at-risk incentive compensation Legacy must exceed operating margin targets.
Line 5b	Part I, Line 5b Explanation of organization compensation based on revenues of related organization	Physicians employed by Legacy related entities are paid a bonus contingent upon their revenue generated during the year measured by industry standard relative value units (RVU)

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Schedule L

(Form 990 or 990-EZ)

LEGACY SALMON CREEK HOSPITAL

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Transactions with Interested Persons

or Form 990-EZ, Part V lines 38b or 40b. Internal Revenue Service Name of the organization

Employer identification number

								-106							
art I Excess Benefit Transac															
To be completed by organization	ons tha	it ans	wered "Ye I	s" on	Form 990, Part IV	, line	25a or 25b	, or Fo	orm 9	90-EZ		V , line :) Corre			
1 (a) Name of disqualified (on			(b) Desc	cripti	on of transa	ction			_ ⊢	Yes	No.		
												163	140		
2 Enter the amount of tax imposed on section 4958	the org	ganız	atıon mana	gers	or disqualified pers	ons	during the y	ear ur	nder •	\$		•			
3 Enter the amount of tax, if any, on li	ne 2. al	- bove	. reimburse	d by	the organization.				•	\$					
Part II Loans to and/or From					the organization :	•	<u> </u>			Ψ					
To be completed by organiza					on Form 990 Part	TV li	ne 26 or Fo	rm 90	90-F2	7 Part	V line	38a			
To be completed by organize				<u> </u>	511 1 51111 5 5 5 , 1 dre .	<u> </u>	110 20, 01 10		, o <u>L</u>	(f		T T T T T T T T T T T T T T T T T T T			
(a) Name of interested person and	(b) L	oan om th		(6)	Original principal				In	Appr	oved		Vritten		
purpose		nızat		(°	amount	(d)E	Balance due	defa	I '		1 '		oy board or ommittee?		ment?
	To		From	-				Yes	No	Yes	No	Yes	No		
mothy Roddy	+ '		110111					163	110	163	140	103	110		
alpractice			X		21,000		11,898		Νo	Yes		Yes			
			•	•											
otal					▶ \$		11,898								
art III Grants or Assistance E															
To be completed by orga	nizatio T						Part IV, lin	e 27.							
(a) Name of interested person		(b) ⊦			ween interested per organization	rson	(c) A mo	ount o	fgrar	nt or typ	pe of a	ssistai	nce		
			una		- Januarion										
Part IV Business Transactions															
To be completed by orga					"Yes" on Form 9	90,	Part IV, lın	e 28a	a, 28	b, or 2					
			Relationshi								1 -	e) Shai	_		
(a) Name of interested person	6		en interest son and the		(c) A mount of transaction		(d) Descri	ption	of tra	nsacti	on \mid °	rganıza reveni			
			janization	•	l transaction						├,	Yes	No		
		-									-				
											$\neg \uparrow$				
											\neg				

DLN: 93493047012240

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization LEGACY SALMON CREEK HOSPITAL

33-1065485 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g 1 Art-Works of art . . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications . . 5 Clothing and household Χ 19.655 goods Cars and other vehicles Boats and planes Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts Scientific specimens . . Archeological artifacts . . . Other (describe 25 Other (describe ____ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

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DLN: 93493047012240

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization LEGACY SALMON CREEK HOSPITAL Employer identification number

33-1065485

ldentifier	Return Reference	Explanation
	Form 990, Part X	LSCH participates in the Legacy investment pooled funds which include professionally managed equity and fixed income securities in both separately managed portfolios and commingled investment accounts. Investment returns are prorated according to each affiliate's share of the pool

Identifier	Return Reference	Explanation
	Form 990, Part VI, question 2	Legacy Health System CPC, LLC (CPC) is a common pay agent for Legacy and its affiliates. The CPC files all required federal employment tax returns for Legacy and its affiliates. The number of employees reported on Form W-3 for LSCH is 1,215.

Identifier	Return Reference	Explanation
	Form 990, Part IV, question 12	Legacy has an audit of its consolidated financial statement which includes consolidating schedules highlighting LSCH's financial results

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Legacy Health System's audited and interim consolidated financial statements are publicly available on the Electronic Municipal Market Access(EMMA) (www emma msrb org) and DAC Bond (www dacbond com) websites Legacy's audited consolidated financial statements include consolidating schedules which highlights LSCH's financial results When changes are made to the LSCH Articles or Bylaws, LSCH discloses and attaches copies to the IRS Form 990, which are publicly available by request or on various public websites such as Guidestar(www guidestar org). Other governing documents are not available to the public

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The following describes the compensation practices of Legacy and its affiliates Executive compensation for Legacy is designed to recruit, retain and motivate qualified senior management personnel. The comprehensive compensation plan is designed for positions that have a significant impact on the high-level strategic and policy direction of Legacy and its affiliates Base pay and total compensation (including incentive compensation) for similar positions is established at a level comparable to market compensation for healthcare organizations. The salary and benefit program includes the use of annual and long-term performance measures and goals. Annual reviews of published compensation surveys are made of comparable organizations and comparable benchmark positions in the market. External consultants are used periodically to ensure accurate interpretation of the surveys. The Compensation Committee of the Board of Directors, none of whom is a Legacy employee, reviews the compensation for key executive positions. The committee oversees the system's governance procedures with respect to intermediate sanctions legislation and the evaluation of reasonableness of compensation. The committee reports to the Board in sufficient detail to enable the entire Board to take such actions as are required to obtain the rebuttable presumption of reasonableness. The Compensation Committee also reviews tax-reporting disclosures.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The following is a summary of Legacy's policy and procedures for conflict of interest disclosure, monitoring and resolution All Legacy employees and non-employees in leadership positions (e.g., Board members, Foundation Trustees, Medical Directors) are required to disclose potential conflicts of interest as the conflict arises. All employees attest to proper conflict of interest disclosure during their annual review. Certain groups have annual formal disclosure requirements, Executives and non-employees in leadership positions complete the Conflict Disclosure Statement from the Standards of Conduct policy annually. Officers, Directors, Trustees, Key and Highly Compensated employees are also required to complete a questionnaire covering business relationships, business transactions with interested parties, loans and grants. Conflict Disclosure Statements and questionnaires are returned to Legacy Management Audit for review of the disclosures. If a conflict is disclosed, or identified through any other means, Management Audit ensures that management mitigates the risk (e.g., discontinues relationship with vendor, segregates responsibilities, recuses Board member from voting in area of conflict) and that the conflict and mitigation steps are reported to the appropriate level (e.g., Compliance Committee, Audit Committee of the Board)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The Legacy Board received a copy of the 990 return prior to filing with a summary of key points. At the direction of the entire Board, the Board Compensation Committee reviewed the compensation disclosures and the Board Audit Committee reviewed the 990 return with Management prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors includes the following members (a) The Bishop of the Oregon Synod of the Evangelical Lutheran Church inAmerica (the "Oregon Synod") or the Bishop's designee, who shall serve ex officio,(b) The Bishop of the Episcopal Diocese of Oregon (the "Episcopal Diocese") or the Bishop's designee, who shall serve ex officio,(c) One (1) person appointed by election of the Oregon Synod Council,(d) One (1) person appointed by election of the EpiscopalDiocese

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Legacy Health System is the sole member of Legacy Salmon Creek Hospital

Form 990, Part VI, Line 3 Part VI, Line 3 Description of Delegated Duties to Management Company Legacy Health System (Legacy) provides management services for all of its affiliated companies which includes, accounting, purchasing, contracting, legal, human resources, information technology, billing, facilities, budgeting, transcription, security, public relations, strategic planning, organization development	Identifier	Return Reference	Explanation
	Part VI Ling 3	Description of Delegated Duties	companies which includes, accounting, purchasing, contracting, legal, human resources, information technology, billing, facilities, budgeting, transcription, security, public relations,

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493047012240

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** LEGACY SALMON CREEK HOSPITAL 33-1065485 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

 Software ID:
 08000091

 Software Version:
 2008v2.7

 EIN:
 33-1065485

Name: LEGACY SALMON CREEK HOSPITAL

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

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 501(c)(3))	(F) Direct Controlling Entity			
LEGACY ADVENTIST VENTURE	,	<u> </u>		<u></u>				
PORTLAND, OR97209 93-1121816	HEALTHCARE	O R	501(C)(3)	9	N/A			
LEGACY HEALTH SYSTEM WELFARE BENEFIT TR 1919 NW LOVEJOY ST PORTLAND, OR97209 _16-1637902	VEBA TRUST	OR	501(C)(9)	N/A	N/A			
SALMON CREEK HOSPITAL FOUNDATION	CHARITABLE FOUNDATION	WA	501(C)(3)	7	N/A			
	CHARITABLE FOUNDATION	OR	501(C)(3)	11a	N/A			
PO 80 Y 4484	CHARITABLE FOUNDATION	OR	501(C)(3)	11a	N/A			
PO BOX 4484	CHARITABLE FOUNDATION	OR	501(C)(3)	11a	N/A			
	CHARITABLE FOUNDATION	OR	501(C)(3)	7	N/A			
PO BOY 4484	CHARITABLE FOUNDATION	OR	501(C)(3)	7	N/A			
LEGACY VISITING NURSE ASSOCIATION 815 NE DAVIS ST PORTLAND, OR97210 93-0848530	HOSPICE	OR	501(C)(3)	9	N/A			
LEGACY MOUNT HOOD MEDICAL CENTER 24800 SE STARK ST GRESHAM, OR97030 93-0591528	HOSPITAL	OR	501(C)(3)	3	N/A			
LEGACY MERIDIAN PARK HOSPITAL 19300 SW 65TH AVE TUALATIN, OR97062 93-0618975	HOSPITAL	OR	501(C)(3)	3	N/A			
LEGACY GOOD SAMARITAN HOSPITAL & MEDICAL 1015 NW 22ND AVE PORTLAND, OR97210 93-0386793	HOSPITAL		501(C)(3)	3	N/A			
LEGACY EMANUEL HOSPITAL & HEALTH CENTER 2801 N GANTENBEIN AVE PORTLAND, OR97227 93-0386823	HOSPITAL	OR	501(C)(3)	3	N/A			
LEGACY HEALTH SYSTEM 1919 NW LOVEJOY ST PORTLAND, OR97209 24-7426300	HEALTHCARE	OR	501(C)(3)	11b	N/A			

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions with	Related	Organizations
	i i a i i sa c i i s i i i i i i i i i i i i i i i i	11014104	Ol guille a divilo

Part	V Transactions with Related Organizations				
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No	
1 Duri	ing 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 R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No	
b G	Gift, grant, or capital contribution to other organization(s)	1b	Yes		
c G	ift, grant, or capital contribution from other organization(s)	1c	Yes		
d L	oans or loan guarantees to or for other organization(s)	1d	Yes		
e L	oans or loan guarantees by other organization(s)	1e	Yes		
f S	ale of assets to other organization(s)	1f	Yes		
g P	urchase of assets from other organization(s)	1g	Yes		
h Exchange of assets					
i Lease of facilities, equipment, or other assets to other organization(s)					
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j	Yes		
k P	Performance of services or membership or fundraising solicitations for other organization(s)	1k 1l	Yes	No	
l Performance of services or membership or fundraising solicitations by other organization(s)					
m Sharing of facilities, equipment, mailing lists, or other assets					
n S	Sharing of paid employees	1n	Yes		
o R	Reimbursement paid to other organization for expenses	10	Yes		
p R	Reimbursement paid by other organization for expenses	1р	Yes		
q 0	Other transfer of cash or property to other organization(s)	1q			
r 0	ther transfer of cash or property from other organization(s)	1r	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				
	(A) (B) (C) Transaction				
	Name of other organization(s) Amount Involved type(a-r)				
(1)					
(2)					
(2)					
(3)					
(3)					
(4)					
/					

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		