




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div> |
| | 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 07-01-2008 and ending 06-30-2009

| | | | | |
|---|--|--|------------|---|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization PeaceHealth | | D Employer identification number 91-0939479 |
| | | Doing Business As | | E Telephone number (541) 686-7022 |
| | | Number and street (or P O box if mail is not delivered to street address) PO Box 10905 | Room/suite | G Gross receipts \$ 1,417,624,733 |
| | | City or town, state or country, and ZIP + 4 Eugene, OR 97440 | | |
| | | F Name and address of Principal Officer Alan Yordy 14432 SE Eastgate Way Ste 300 Bellevue, WA 98007 | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list See instructions) | | |
| J Web site: <input checked="" type="checkbox"/> www.peacehealth.org | | H(c) Group Exemption Number <input checked="" type="checkbox"/> | | |

| | | |
|---|---------------------------------|--|
| K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other <input type="checkbox"/> | L Year of Formation 1986 | M State of legal domicile WA |
|---|---------------------------------|--|

Part I Summary

| | | | | |
|-----------------------------|----------|--|--|----------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities PeaceHealth carries on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 13,267 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2,033 |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 44,312,136 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 20,537,538 | Current Year 16,540,444 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,201,529,627 | 1,356,136,759 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 44,925,566 | 24,740,816 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 12,475,230 | 16,619,435 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,286,834,960 | 1,414,037,454 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 669,317,316 | 803,421,581 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | | (Total fundraising expenses, Part IX, column (D), line 25 <u>4,857,150</u>) | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 522,921,401 | 649,884,724 |
| 18 | | Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) | 1,192,238,717 | 1,453,306,305 |
| 19 | | Revenue less expenses Subtract line 18 from line 12 | 94,596,243 | -39,268,851 |
| Net Assets or Fund Balances | | | | Beginning of Year |
| | 20 | Total assets (Part X, line 16) | 1,892,702,929 | 1,848,402,015 |
| | 21 | Total liabilities (Part X, line 26) | 936,280,602 | 987,546,714 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 956,422,327 | 860,855,301 |

Part II Signature Block

| | | | | | |
|---------------------------------|---|--|------------|---|---------------------------------|
| Please Sign Here | 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 | | | | |
| | ***** | | 2010-05-15 | | |
| | Signature of officer | | Date | | |
| | Alan Yordy President and CEO Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature | | Date | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen Inst) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | | | EIN |
| | | | | | Phone no |

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

Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
PeaceHealth carries on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 898,426,582 including grants of \$) (Revenue \$ 1,356,136,759)

Inpatient/Outpatient Medical Services In its facilities, PeaceHealth provides 1,100 beds for acute patient care in small and medium-sized communities in the Pacific Northwest Over 60,000 adult and pediatric patients were admitted and 6,500 babies were born There were more than 219,000 acute inpatient days Patients made over 524,000 outpatient visits and 213,000 emergency room visits More than 32,000 surgeries were performed Each PeaceHealth hospital maintains a 24-hour emergency room which provides needed healthcare services to all patients regardless of ability to pay Eligible patients are also offered financial assistance for other medical services During Tax Year 2008, PeaceHealth provided \$52m of charity care at cost, \$61m of Medicaid services below cost and \$70m of Medicare services below cost for a total of \$183 million of uncompensated care (excluding bad debt)

4b

(Code) (Expenses \$ 85,229,294 including grants of \$) (Revenue \$ 64,459,128)

Subsidized Services PeaceHealth is committed to providing clinical patient care services despite a negative margin because they are needed in the community and other providers are unwilling to provide the services, or the services would otherwise not be available to meet patient demand Unreimbursed costs for these services include Behavioral Health Services 22,089,283Hospital Outpatient Services 2,767,640Renal dialysis services 143,569Women's and Children's Services 1,460,891Hospice/Home Care 22,669,692Other Healthcare Services 36,098,219

4c

(Code) (Expenses \$ 2,743,272 including grants of \$) (Revenue \$)

Community Health Services Unbilled health education programs, community-based clinical services and health care support services carried out to improve health PeaceHealth collaborates with other community non-profit agencies and services These other organizations include March-a-Thon, Red Ribbon Week, Bone Marrow Donor Drive, blood drives, food drives, American Cancer Society programs, free scholarships for Stop Smoking, community home health subsidy, physician recruitment, chemical dependency and case managed supported living, free hearing, vision, height and weight exams, United Way, Northwest Medical Teams, various governmental agencies (Maternity Access Planning Commission), Special Olympics, Sexual Assault Support Services, UNICEF, Meals-on-Wheels, Friends of Florence Van and free grief counseling

4d

Other program services (Describe in Schedule O)
(Expenses \$ 4,277,063 including grants of \$) (Revenue \$)













4e

Total program service expenses \$ 990,676,211 Must equal Part IX, Line 25, column (B).






Form 990 (2008)

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | No |
| 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 | No |
| 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 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | No |
| 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 | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S? | 14a | No |
| 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 | No |
| 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? If "Yes," complete Schedule F, Part II | 15 | No |
| 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? If "Yes," complete Schedule F, Part III | 16 | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | No |
| 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 | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 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 | No |
| 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 | No |
| 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 | Yes |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3) 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 | No |
| b | 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 | No |
| 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 IV **Checklist of Required Schedules** *(Continued)*

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a | 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)? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 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> | | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i>  | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>  | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | | No |
| 36 | 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i>  | | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | | |
|-----|---|-----|--------|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 2,180 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 13,267 | |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i> | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? | 5c | | No |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | No |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 0 | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . | 7g | Yes | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | Yes | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | No |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . | 12a | | No |
| b | 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.)
Section A. Governing Body and Management

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.

| | | Yes | No |
|-----------|---|-----------|-----|
| 1a | Enter the number of voting members of the governing body | 1a | 14 |
| b | Enter the number of voting members that are independent | 1b | 14 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | No |
| 6 | Does the organization have members or stockholders? | 6 | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | the governing body? | 8a | Yes |
| b | each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | No |
| 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 | No |
| 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 | 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 | | |
| a | 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 | No |
| 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 | No |

Section C. Disclosure

| | |
|-----------|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed <u>WA , OR , AK</u> |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request |
| 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. Asst Director Accounting Svcs 770 E 11th Eugene, OR 97401 (541) 686-7022 |

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

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

Form 990 (2008)

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|------------|--|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Total A | | | | | | | | 11,605,830 | | 1,059,569 | |

| | | Yes | No |
|----------|--|----------|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| NORTHWEST PATHOLOGY SERVICES INC PO BOX 33160 Seattle, WA 98133 | Laboratory Services | 1,787,628 |
| NORTHWEST ANESTHESIA PO BOX 7247 Eugene, OR 97401 | Anesthesia Supply | 1,927,571 |
| ARUP PO BOX 27964 SALT LAKE CITY, UT 841270964 | Reference Laboratory | 1,696,002 |
| ARAMARK MANAGMEMENT SERVICES 2010 MAIN STREET IRVINE, CA 92614 | Management Services | 1,719,820 |
| AMN HEALTHCARE ALLIED INC PO BOX 281939 Atlanta, GA 303841939 | Staffing Services | 3,487,327 |

Part VIII

Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 | |
|--|--|---|--------------------------|-----------------------|---|-----------------------------------|---|--------------------------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a _____ | | 16,540,444 | | | | |
| | b | Membership dues 1b _____ | | | | | | |
| | c | Fundraising events 1c _____ | | | | | | |
| | d | Related organizations 1d | 14,762,716 | | | | | |
| | e | Government grants (contributions) 1e | 958,556 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 819,172 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h | Total (Add lines 1a-1f) | | | | | | |
| | Program Service Revenue | 2a | Pharm sales non-patients | | | | | Business Code 446,110 |
| b | | Patient Care Medcr/Medcd | 621,300 | 639,889,977 | 639,889,977 | | | |
| c | | Patient Care | 621,300 | 663,985,829 | 663,985,829 | | | |
| d | | Passthrough HC reltd ops | 423,000 | 10,007,351 | 10,030,878 | -23,527 | | |
| e | | Lab svcs to non-patients | 621,500 | 41,934,171 | | 41,934,171 | | |
| f | | All other program service revenue | | 25,961 | | 25,961 | | |
| g | | Total. Add lines 2a-2f | | | | | | |
| | | \$ 1,356,136,759 | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest other similar amounts) | | 24,402,923 | | | 24,402,923 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| | 5 | Royalties | | 0 | | | | |
| | 6a | Gross Rents | (i) Real 5,781,267 | (ii) Personal | 2,606,603 | | 2,606,603 | |
| | b | Less rental expenses | 3,174,664 | | | | | |
| | c | Rental income or (loss) | 2,606,603 | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other 750,508 | 337,893 | 337,793 | 100 | |
| | b | Less cost or other basis and sales expenses | | 412,615 | | | | |
| | c | Gain or (loss) | | 337,893 | | | | |
| | d | Net gain or (loss) | | | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a | | 0 | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a | | 0 | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | 0 | | | | |
| | b | Less cost of goods sold b | | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | Other Cost Recoveries | | 900,099 | 5,273,095 | 5,273,095 | | |
| | b | EHI Works UBI | | 541,519 | 1,468,674 | | 1,468,674 | |
| | c | Cafeteria | | 900,099 | 6,495,885 | | | 6,495,885 |
| | d | All other revenue _____ | | | 775,178 | 161,791 | 613,387 | |
| | e | Total. Add lines 11a-11d \$ 14,012,832 | | | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | 1,414,037,454 | 1,319,679,363 | 44,312,136 | 33,505,511 | |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | | | |
| 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 | 14,821,711 | 9,332,611 | 5,489,100 | |
| 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 | 615,431,796 | 438,175,807 | | 2,716,345 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 37,588,634 | 25,586,735 | 11,872,569 | 129,330 |
| 9 | Other employee benefits | 89,876,771 | 61,825,654 | 27,675,132 | 375,985 |
| 10 | Payroll taxes | 45,702,669 | 30,620,925 | 14,890,361 | 191,383 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 2,557,324 | 2,880,993 | -323,669 | |
| b | Legal | 1,031,492 | 514,204 | 509,565 | 7,723 |
| c | Accounting | 431,418 | | 369,448 | 61,970 |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 686,626 | | 686,626 | |
| g | Other | 79,051,142 | 49,189,591 | 29,139,343 | 722,208 |
| 12 | Advertising and promotion | 3,159,775 | 209,288 | 2,825,189 | 125,298 |
| 13 | Office expenses | 238,109,318 | 203,546,226 | 34,331,027 | 232,065 |
| 14 | Information technology | 24,460,504 | 21,759,898 | 2,700,606 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 38,433,862 | 25,824,257 | 12,574,973 | 34,632 |
| 17 | Travel | 3,912,698 | 1,429,966 | 2,405,160 | 77,572 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | |
| 19 | Conferences, conventions and meetings | 2,419,037 | 1,031,733 | 1,361,772 | 25,532 |
| 20 | Interest | 79,128,711 | 32,452,477 | 46,676,119 | 115 |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 83,822,530 | 52,763,366 | 31,050,239 | 8,925 |
| 23 | Insurance | 14,973,555 | 4,226,826 | 10,746,729 | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Recruiting | 5,230,845 | 870,669 | 4,352,708 | 7,468 |
| b | Other | 2,575,611 | 317,355 | 2,123,414 | 134,842 |
| c | Local and other tax | 10,951,917 | 721,753 | 10,230,152 | 12 |
| d | Contributions | 1,542,716 | 1,482,397 | 54,574 | 5,745 |
| e | Bad Debt | 57,405,643 | 25,913,480 | 31,492,163 | |
| f | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,453,306,305 | 990,676,211 | 457,772,944 | 4,857,150 |
| 26 | Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X **Balance Sheet**

| | | (A) | | (B) | | |
|---|---|---|---------------|---------------|---------------|--------------------------|
| | | Beginning of year | | End of year | | |
| Assets | 1 Cash—non-interest-bearing | 37,339,141 | 1 | 142,004,136 | | |
| | 2 Savings and temporary cash investments | 117,005,006 | 2 | 92,507,539 | | |
| | 3 Pledges and grants receivable, net | | 3 | 0 | | |
| | 4 Accounts receivable, net | 153,916,658 | 4 | 172,096,162 | | |
| | 5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | 5 | 0 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | | 6 | 0 | | |
| | 7 Notes and loans receivable, net | 84,295,457 | 7 | 42,588,188 | | |
| | 8 Inventories for sale or use | 23,878,282 | 8 | 25,061,632 | | |
| | 9 Prepaid expenses and deferred charges | 10,141,292 | 9 | 10,931,494 | | |
| | 10a Land, buildings, and equipment cost basis | <table><tr><td>10a</td><td>1,747,431,857</td></tr></table> | 10a | 1,747,431,857 | | |
| | 10a | 1,747,431,857 | | | | |
| | b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | <table><tr><td>10b</td><td>652,867,529</td></tr></table> | 10b | 652,867,529 | 1,086,019,987 | 10c 1,094,564,328 |
| | 10b | 652,867,529 | | | | |
| | 11 Investments—publicly traded securities | 294,556,123 | 11 | 198,847,276 | | |
| | 12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> | 16,283,653 | 12 | 13,143,395 | | |
| | 13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> | 20,792,877 | 13 | 18,313,788 | | |
| 14 Intangible assets | | 14 | 0 | | | |
| 15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | 48,474,453 | 15 | 38,344,077 | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,892,702,929 | 16 | 1,848,402,015 | | | |
| Liabilities | 17 Accounts payable and accrued expenses | 230,790,332 | 17 | 213,639,577 | | |
| | 18 Grants payable | | 18 | | | |
| | 19 Deferred revenue | | 19 | | | |
| | 20 Tax-exempt bond liabilities | 634,645,000 | 20 | 629,698,333 | | |
| | 21 Escrow account liability <i>Complete Part IV of Schedule D</i> | | 21 | | | |
| | 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | | 22 | | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 28,564,732 | 23 | 25,671,281 | | |
| | 24 Unsecured notes and loans payable | | 24 | | | |
| | 25 Other liabilities <i>Complete Part X of Schedule D</i> | 42,280,538 | 25 | 118,537,523 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 936,280,602 | 26 | 987,546,714 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 Unrestricted net assets | 931,058,468 | 27 | 839,291,848 | | |
| | 28 Temporarily restricted net assets | 22,265,259 | 28 | 18,505,817 | | |
| | 29 Permanently restricted net assets | 3,098,600 | 29 | 3,057,636 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| | 33 Total net assets or fund balances | 956,422,327 | 33 | 860,855,301 | | |
| | 34 Total liabilities and net assets/fund balances | 1,892,702,929 | 34 | 1,848,402,015 | | |

Part XI **Financial Statements and Reporting**

| | | | Yes | No |
|-----------|---|-----------|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| 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 | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

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-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

| | |
|---|--|
| Name of the organization PeaceHealth | Employer identification number 91-0939479 |
|---|--|

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

| | | |
|----|-------------------------------------|--|
| 1 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input checked="" type="checkbox"/> | A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) |
| 4 | <input type="checkbox"/> | A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state |
| 5 | <input type="checkbox"/> | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) |
| 6 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). |
| 7 | <input type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) |
| 8 | <input type="checkbox"/> | A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) |
| 9 | <input type="checkbox"/> | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) |
| 10 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions) |
| 11 | <input type="checkbox"/> | 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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div> |
| e | <input type="checkbox"/> | 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) |
| f | <input type="checkbox"/> | 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 |
| g | <input type="checkbox"/> | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div> |
| h | <input type="checkbox"/> | Provide the following information about the organizations the organization supports |

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount 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.)

| Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar 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 | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add line 1-3 | | | | | | |
| 5 The portion of total contribution by each 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 | | | | | | |

| Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|--------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total Support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

| Computation of Public Support Percentage | | |
|--|----|--------------------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total Add lines 1-5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts included on lines 2 and 3 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 | | | | | | |
| cTotal of lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

| Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13Total Support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Computation of Public Support Percentage | | | |
|--|--|----|--|
| 15 | Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 | Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g | 16 | |

| Computation of Investment Income Percentage | | | |
|---|--|----|--|
| 17 | Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 | Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h | 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 | | |
| b | 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 | | |
| 20 | Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

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 |
| |

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PeaceHealth

Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|---------------------------------|--------|--|--|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Tom Grove , Director | | X | | | | | | 0 | 0 | 0 |
| Terry Brandon , Treasurer | | X | | | | | | 0 | 0 | 0 |
| Stuart Hennessey , Senior VP | 40 00 | | | | X | | | 416,828 | 0 | 45,964 |
| Stephen Omta , COO - Bellingham, WA | 40 00 | | | | X | | | 308,276 | 0 | 41,459 |
| Sr Norah Clarke CSJP , Director | | X | | | | | | 0 | 0 | 0 |
| Sr Monica Heeran CSJP , Secretary | 40 00 | X | | | | | | 0 | 0 | 0 |
| Sr Kathleen Pruitt CSJP , Director | 40 00 | X | | | | | | 0 | 0 | 0 |
| Sr Eleanor Gilmore CSJP , Director | 40 00 | X | | | | | | 0 | 0 | 0 |
| Sr Anne Hayes CSJP , Director | 40 00 | X | | | | | | 0 | 0 | 0 |
| Sr Andrea Nenzel CSJP , Chairman | | X | | | | | | 0 | 0 | 0 |
| Sr Margaret Dimond CSJP , Director | | X | | | | | | 0 | 0 | 0 |
| Roland Trenouth MD , Director | | X | | | | | | 0 | 0 | 0 |
| Richard Kincade , Senior VP | 40 00 | | | | X | | | 292,662 | 0 | 47,558 |
| Ran Whitehead , CEO - Florence, OR | 40 00 | | | | X | | | 304,093 | 0 | 50,283 |
| Peter Adler , Senior VP | 40 00 | | | | X | | | 458,284 | 0 | 23,600 |
| Patrick Branco , CEO - Ketchikan, AK | 40 00 | | | | X | | | 364,688 | 0 | 37,059 |
| Noele E Santo-Domingo MD , Physician | 40 00 | | | | | X | | 641,124 | 0 | 65,209 |
| Nancy Steiger , Senior VP | 40 00 | | | | X | | | 415,106 | 0 | 22,021 |
| Michael A Mirhej MD , Physician | 40 00 | | | | | X | | 572,370 | 0 | 58,075 |
| Mel Pyne , CEO - Eugene/Springfield, OR | 40 00 | | | | X | | | 607,609 | 0 | 14,983 |
| Medrice Coluccio , Senior VP | 40 00 | | | | X | | | 476,148 | 0 | 32,466 |
| Karen Shepard , CFO - Eugene/Springfield, OR | 40 00 | | | | X | | | 282,963 | 0 | 42,914 |
| Judy Hodgson , Senior VP | 40 00 | | | | X | | | 400,856 | 0 | 47,625 |
| Josiah Johnson , CEO - Longview, WA | 40 00 | | | | X | | | 264,089 | 0 | 32,170 |
| John Haughom , Senior VP | 40 00 | | | | X | | | 548,385 | 0 | 42,425 |
| Joe Gonyea II , Director | | X | | | | | | 0 | 0 | 0 |
| Jill Hoggard-Green , COO - Eugene/Springfield, OR | 40 00 | | | | X | | | 406,614 | 0 | 40,956 |
| Jay Park MD , Physician | 40 00 | | | | | X | | 1,124,908 | 0 | 82,044 |
| James Barnhart , CEO - Florence, OR | 40 00 | | | | X | | | 297,487 | 0 | 35,435 |
| Howard Kriz , System CFO | 40 00 | | | X | | | | 575,039 | 0 | 48,859 |

Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|--------|--|--|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Elaine Svigel Dunda , Senior VP | 40 00 | | | | X | | | 333,214 | 0 | 46,481 |
| Edward Zech MD , Physician | 40 00 | | | | | X | | 593,740 | 0 | 54,826 |
| Dieter Morich , Vice Chair | | X | | | | | | 0 | 0 | 0 |
| David White MD , Physician | 40 00 | | | | | X | | 798,055 | 0 | 55,972 |
| Dale Zender , CFO - Bellingham, WA | 40 00 | | | | X | | | 282,049 | 0 | 44,640 |
| Curt Roberts , Director | | X | | | | | | 0 | 0 | 0 |
| Catherine Potts MD , Director | | X | | | | | | 0 | 0 | 0 |
| Carol Sheridan , Director | | X | | | | | | 0 | 0 | 0 |
| Alan Yordy , President & CEO | 40 00 | | | X | | | | 841,243 | 0 | 46,545 |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | 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 |
|----------------------------|---------------|----------------------|--|---|--|
| a Pharm sales non-patients | 446,110 | 293,470 | | 293,470 | |
| b Patient Care Medcr/Medcd | 621,300 | 639,889,977 | 639,889,977 | | |
| c Patient Care | 621,300 | 663,985,829 | 663,985,829 | | |
| d Passthrough HC reltd ops | 423,000 | 10,007,351 | 10,030,878 | -23,527 | |
| e Lab svs to non-patients | 621,500 | 41,934,171 | | 41,934,171 | |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

| | |
|--|---|
| Name of the organization PeaceHealth | Employer identification number 91-0939479 |
|--|---|

Part I

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

| | | |
|---|--|------------------------------|
| | (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |

Part II

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

| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space</div> | | | | | | | | | | | |
|---|---|--|--|-----------------------------|---|--|---|--|---|--|---|---|
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | | | | | | | | | | | |
| | | <table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table> | | Held at the End of the Year | a | Total number of conservation easements | b | Total acreage restricted by conservation easements | c | Number of conservation easements on a certified historic structure included in (a) | d | Number of conservation easements included in (c) acquired after 8/17/06 |
| | Held at the End of the Year | | | | | | | | | | | |
| a | Total number of conservation easements | | | | | | | | | | | |
| b | Total acreage restricted by conservation easements | | | | | | | | | | | |
| c | Number of conservation easements on a certified historic structure included in (a) | | | | | | | | | | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | | | | | | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ | | | | | | | | | | | |
| 4 | Number of states where property subject to conservation easement is located ▶ | | | | | | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | | | | | | | | | | | |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶ | | | | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ | | | | | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | | | | | | | | | | | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | | | | | | | | | | |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

| | | |
|----|--|------|
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items | |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | |
| | (i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items | |
| a | Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b | Assets included in Form 990, Part X | ▶ \$ |

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------|----------------|
| 1a Land | | 74,836,947 | | 74,836,947 |
| b Buildings | | 1,098,006,362 | | 1,098,006,362 |
| c Leasehold improvements | | 55,727,237 | | 55,727,237 |
| d Equipment | | 410,420,857 | | 410,420,857 |
| e Other | | 108,440,454 | 652,867,529 | -544,427,075 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 1,094,564,328 |

Schedule D (Form 990) 2008

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-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) ▶ | | |

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| Investments in Healthcare O peration | 18,313,788 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ | | |

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | |

| (a) Description of Liability | (b) Amount |
|--|-------------|
| Federal Income Taxes | |
| Other Liabilities & Deferred Revenue | 118,537,523 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 118,537,523 |

Schedule D (Form 990) 2008

Part XI

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

| | | | |
|----|---|----|--|
| 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 per Return

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| 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 | |

Part XIV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|-----------------------|---|
| Part X | Part X FIN48 Footnote | The Corporation adopted FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes, an interpretation of FASB Statement 109 (FIN 48), on July 1, 2007 FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 also prescribes a recognition threshold and measurement standard for the financial statement recognition and measurement of an income tax position taken or expected to be taken in a tax return Only tax positions that meet the more-likely-than-not recognition threshold at the effective date may be recognized or continue to be recognized upon adoption In addition, FIN 48 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition The adoption of FIN 48 did not have a significant impact on the consolidated financial statements of the Corporation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PeaceHealth

Employer identification number
91-0939479

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

| | | | |
|--|---|-----|----|
| | | Yes | No |
| 1a | Does the organization have a charity care policy? If "No," 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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div> | | |
| 3 | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____ %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____ %</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 3a | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | |
| 6a | Does the organization prepare an annual community benefit report? | 6a | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

| 7 Charity Care and Certain Other Community Benefits at Cost | | | | | | |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Charity Care and Means-Tested Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Charity care at cost (from <i>worksheets 1 and 2</i>) . . . | | | | | | |
| b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>) . . . | | | | | | |
| c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>) | | | | | | |
| d Total Charity Care and Means-Tested Programs . . . | | | | | | |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from <i>worksheet 4</i>) | | | | | | |
| f Health professions education (from <i>worksheet 5</i>) . . . | | | | | | |
| g Subsidized health services (from <i>worksheet 6</i>) . . . | | | | | | |
| h Research (from <i>worksheet 7</i>) | | | | | | |
| i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>) . . . | | | | | | |
| j Total Other Benefits | | | | | | |
| k Total (line 7d and 7j) | | | | | | |

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | | |
| 2Economic development | | | | | | |
| 3Community support | | | | | | |
| 4Environmental improvements | | | | | | |
| 5Leadership development and training for community members | | | | | | |
| 6Coalition building | | | | | | |
| 7Community health improvement advocacy | | | | | | |
| 8Workforce development | | | | | | |
| 9Other | | | | | | |
| 10Total | | | | | | |

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

| | | | | |
|---|--|---|-----|----|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15? | 1 | Yes | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit. | | | |

Section B. Medicare

| | | | | |
|---|---|---|--|--|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | | |
| 7 | Enter line 5 less line 6—surplus or (shortfall) | 7 | | |
| 8 | Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | | |

Section C. Collection Practices

| | | | | |
|----|---|----|--|--|
| 9a | Does the organization have a written debt collection policy? | 9a | | |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b | | |

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part V

Facility Information (Required for 2008)

| 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) |
|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|---------------------|
| | | | | | | | | | |
| Peace Harbor Hospital 400 9th Street Florence, OR 97439 | X | X | | | X | | X | | |
| Cottage Grove Comm Hospital 1515 Village Drive Cottage Grove, OR 97424 | X | X | | | X | | X | | |
| Ketchikan General Hospital 3100 Tongass Avenue Ketchikan, AK 99901 | X | X | | | X | | X | | |
| St John Medical Center 1615 Delaware Street Longview, WA 986322367 | X | X | | | | | X | | |
| St Joseph Hospital 2901 Squalicum Parkway Bellingham, WA 98225 | X | X | | | | | X | | |
| Sacred Heart Med Ctr RiverBend 3333 RiverBend Drive Springfield, OR 97477 | X | X | | | | | X | | |
| Sacred Heart Med Ctr Univ Dist 1255 Hilyard St Eugene, OR 97440 | X | X | | | | | X | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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

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

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 communities served

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PeaceHealth

Employer identification number
91-0939479

Part I

Questions Regarding Compensation

| | | | |
|----|---|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | |
| a | Receive a severance payment or change of control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |

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 W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| See Additional Data Table | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

Software ID: 08000091
Software Version: 2008v2.7
EIN: 91-0939479
Name: PeaceHealth

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Stuart Hennessey | (i) (ii) | 271,924 | 91,462 | 53,442 | 28,120 | 17,844 | 462,792 | 204,976 |
| Stephen Omta | (i) (ii) | 238,814 | 41,136 | 28,326 | 23,520 | 17,939 | 349,735 | 163,089 |
| Richard Kincade | (i) (ii) | 266,134 | 1,094 | 25,434 | 27,075 | 20,483 | 340,220 | 132,597 |
| Ran Whitehead | (i) (ii) | 198,399 | 74,959 | 30,735 | 28,120 | 22,163 | 354,376 | 157,780 |
| Peter Adler | (i) (ii) | 315,155 | 94,000 | 49,129 | 2,661 | 20,939 | 481,884 | 225,943 |
| Patrick Branco | (i) (ii) | 259,217 | 81,399 | 24,072 | 23,520 | 13,539 | 401,747 | 162,263 |
| Noele E Santo-Domingo MD | (i) (ii) | 544,011 | 64,231 | 32,882 | 44,336 | 20,873 | 706,333 | 311,095 |
| Nancy Steiger | (i) (ii) | 312,690 | 72,242 | 30,174 | 2,054 | 19,967 | 437,127 | 213,124 |
| Michael A Mirhej MD | (i) (ii) | 525,314 | 11,807 | 35,249 | 40,317 | 17,758 | 630,445 | 228,169 |
| Mel Pyne | (i) (ii) | 423,312 | 135,541 | 48,756 | 4,600 | 10,383 | 622,592 | 289,205 |
| Medrice Coluccio | (i) (ii) | 309,756 | 121,111 | 45,281 | 23,520 | 8,946 | 508,614 | 198,698 |
| Karen Shepard | (i) (ii) | 210,207 | 34,778 | 37,978 | 23,332 | 19,582 | 325,877 | 76,981 |
| Judy Hodgson | (i) (ii) | 286,754 | 80,933 | 33,169 | 32,260 | 15,365 | 448,481 | 199,099 |
| Josiah Johnson | (i) (ii) | 210,889 | 42,288 | 10,912 | 14,622 | 17,548 | 296,259 | 136,876 |
| John Haughom | (i) (ii) | 397,334 | 110,373 | 40,678 | 28,166 | 14,259 | 590,810 | 282,280 |
| Jill Hoggard-Green | (i) (ii) | 291,876 | 66,067 | 48,671 | 23,520 | 17,436 | 447,570 | 202,967 |
| Jay Park MD | (i) (ii) | 1,084,830 | 18,566 | 21,512 | 63,673 | 18,371 | 1,206,952 | 189,053 |
| James Barnhart | (i) (ii) | 196,606 | 55,227 | 45,654 | 23,520 | 11,915 | 332,922 | 139,418 |
| Howard Kriz | (i) (ii) | 402,558 | 118,303 | 54,178 | 32,720 | 16,139 | 623,898 | 281,162 |
| Elaine Svigel Dunda | (i) (ii) | 252,249 | 53,169 | 27,796 | 28,120 | 18,361 | 379,695 | 171,584 |
| Edward Zech MD | (i) (ii) | 419,962 | 151,240 | 22,538 | 44,280 | 10,546 | 648,566 | |
| David White MD | (i) (ii) | 765,962 | 10,879 | 21,214 | 48,687 | 7,285 | 854,027 | 383,397 |
| Dale Zender | (i) (ii) | 223,880 | 31,860 | 26,309 | 23,520 | 21,120 | 326,689 | 151,464 |
| Alan Yordy | (i) (ii) | 619,893 | 166,557 | 54,793 | 28,120 | 18,425 | 887,788 | 427,080 |

| | | |
|--------------------------|--|---------------------------|
| Schedule K (Form 990) | Supplemental Information on Tax Exempt Bonds | OMB No 1545-0047 |
| | | 2008 |
| | | Open to Public Inspection |

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

| | |
|---|--|
| Name of the organization PeaceHealth | Employer identification number 91-0939479 |
|---|--|

Part I Bond Issues (Required for 2008)

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A OR Facilities Authority | 93-6001787 | 68608JJK8 | 06-26-2008 | 70,000,000 | Refund prior bond issue | | X | | X |

Part II Proceeds (Optional for 2008)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| 1 | Total Proceeds of Issue | | | | | | | | | | |
| 2 | Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 | Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 | Other Unspent Proceeds | | | | | | | | | | |
| 5 | Issuance Costs from Proceeds | | | | | | | | | | |
| 6 | Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 | Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 | Year of Substantial Completion | | | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV

Arbitrage (Optional for 2008)

| | | A | | B | | C | | D | | E | |
|----|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|---------------------------|--|
| Schedule K (Form 990) | Supplemental Information on Tax Exempt Bonds | | | | | | | OMB No 1545-0047 | |
| | | | | | | | | 2008 | |
| | To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O. | | | | | | | Open to Public Inspection | |
| Department of the Treasury Internal Revenue Service Name of the organization PeaceHealth | | | | | | | Employer identification number 91-0939479 | | |

Part I Bond Issues (Required for 2008)

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|-------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | OR Facilities Authority | 93-6001787 | 68608JJJ1 | 06-26-2008 | 80,000,000 | Refund prior bond issue | | X | | X |
| B | OR Facilities Authority | 93-6001787 | 68608JJH5 | 06-26-2008 | 99,175,000 | Refund prior bond issue | | X | | X |
| C | OR Facilities Authority | 93-6001787 | 68608JJG7 | 06-26-2008 | 95,495,000 | Refund prior bond issue | | X | | X |
| D | WA Healthcare Fac Auth | 91-1108929 | 93978ET93 | 06-26-2008 | 21,025,000 | Refund prior bond issue | | X | | X |
| E | WA Healthcare Fac Auth | 91-1108929 | 93978ET85 | 06-26-2008 | 22,065,000 | Refund prior bond issue | | X | | X |

Part II Proceeds (Optional for 2008)

| 1 | Total Proceeds of Issue | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | | | | | | | | | | |
| 2 | Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 | Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 | Other Unspent Proceeds | | | | | | | | | | |
| 5 | Issuance Costs from Proceeds | | | | | | | | | | |
| 6 | Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 | Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 | Year of Substantial Completion | | | | | | | | | | |
| 9 | Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV

Arbitrage (Optional for 2008)

| | | A | | B | | C | | D | | E | |
|----|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

| | | | |
|--------------------------|---|--|---------------------------|
| Schedule K (Form 990) | Supplemental Information on Tax Exempt Bonds | | OMB No 1545-0047 |
| | | | 2008 |
| | To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O. | | Open to Public Inspection |

Department of the Treasury
Internal Revenue Service
Name of the organization
PeaceHealth

Employer identification number
91-0939479

Part I Bond Issues (Required for 2008)

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|--------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A WA Healthcare Fac Auth | 91-1108929 | 93978ET77 | 06-26-2008 | 43,625,000 | Refund prior bond issue | | X | | X |
| B WA Healthcare Fac Auth | 91-1108929 | 93978EU26 | 06-26-2008 | 80,650,000 | Refund prior bond issue | | X | | X |
| C State of Oregon | 93-6001787 | 68608JBX8 | 10-12-2004 | 3,200,000 | Construct Medical Complex | | X | | X |
| D State of Oregon | 93-6001787 | 68608JBV2 | 10-12-2004 | 595,000 | Construct Medical Complex | | X | | X |
| E State of Oregon | 93-6001787 | 68608JBW0 | 10-12-2004 | 2,495,000 | Construct Medical Complex | | X | | X |

Part II Proceeds (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total Proceeds of Issue | | | | | | | | | | |
| 2 Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 Other Unspent Proceeds | | | | | | | | | | |
| 5 Issuance Costs from Proceeds | | | | | | | | | | |
| 6 Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 Year of Substantial Completion | | | | | | | | | | |
| 9 Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV

Arbitrage (Optional for 2008)

| | | A | | B | | C | | D | | E | |
|----|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

| | | | |
|--------------------------|---|--|---------------------------|
| Schedule K (Form 990) | Supplemental Information on Tax Exempt Bonds | | OMB No 1545-0047 |
| | | | 2008 |
| | To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O. | | Open to Public Inspection |

Department of the Treasury
Internal Revenue Service
Name of the organization
PeaceHealth

Employer identification number
91-0939479

Part I Bond Issues (Required for 2008)

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|-------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A State of Oregon | 93-6001787 | 68608JBT7 | 10-12-2004 | 540,000 | Construct Medical Complex | | X | | X |
| B State of Oregon | 93-6001787 | 68608JBU4 | 10-12-2004 | 2,450,000 | Construct Medical Complex | | X | | X |
| C State of Oregon | 93-6001787 | 68608JBS9 | 10-12-2004 | 2,900,000 | Construct Medical Complex | | X | | X |
| D State of Oregon | 93-6001787 | 68608JBQ3 | 10-12-2004 | 1,315,000 | Construct Medical Complex | | X | | X |
| E State of Oregon | 93-6001787 | 68608JBR1 | 10-12-2004 | 1,505,000 | Construct Medical Complex | | X | | X |

Part II Proceeds (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total Proceeds of Issue | | | | | | | | | | |
| 2 Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 Other Unspent Proceeds | | | | | | | | | | |
| 5 Issuance Costs from Proceeds | | | | | | | | | | |
| 6 Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 Year of Substantial Completion | | | | | | | | | | |
| 9 Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV

Arbitrage (Optional for 2008)

| | | A | | B | | C | | D | | E | |
|----|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

| | |
|--|---|
| Name of the organization PeaceHealth | Employer identification number 91-0939479 |
|--|---|

| Identifier | Return Reference | Explanation |
|----------------------------|---|---|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | The Articles of Incorporation and extensive financial data are filed with state governments and become available to the public. The bylaws and conflict of interest policy are provided upon request. Independent financial audits of the company's financial statements have been made public annually in connection with public bond offerings during the last several years and are also available upon request. |

| Identifier | 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 independent national consulting firm of Sullivan and Cotter is retained by the Executive Committee of the PeaceHealth Board - which also serves as the Compensation Committee. All committee members are subject to the conflict of interest policies and recuse themselves in the event of a potential conflict. Sullivan Cotter is regularly and consistently utilized to prepare and analyze compensation comparability data for officers, key executives and disqualified persons described in the intermediate sanction regulations. Those reports are provided to the Executive Committee of the PeaceHealth Board of Directors for compensation approvals to ensure the fair market value of compensation for these individuals, and these approvals are documented in committee minutes. |

| Identifier | Return Reference | Explanation |
|-----------------------------|---|--|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Regularly scheduled education is provided to employees and board members throughout the year as to the requirements of the conflict of interest policy. Senior management and all board members are required to complete an annual written conflict of interest questionnaire. Their responses to the questionnaire are annually reviewed by the Legal department and the Organizational Integrity department. The Legal department regularly reviews the minutes from the board meetings and the minutes from the management Executive Committee meetings to check voting records against the disclosed potential conflicts of interest. Chairpersons and their supportive minute takers are trained in the correct procedure to follow whenever a potential conflict of interest arises. |

| Identifier | Return Reference | Explanation |
|----------------------------|---|--|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | The Form 990 is prepared by internal CPAs, with consultation from external advisors and further reviewed by the CFO and President & CEO prior to signature. The signed form is provided to the board of directors prior to filing. |

| Identifier | Return Reference | Explanation |
|-----------------------------|---|--|
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 7 Financial and In-Kind Contributions to Community Groups. PeaceHealth makes cash donations and provides in-kind services including hours donated by staff to the community while on the health care organizations work time, operating expense of space donated to exempt community groups for meetings, donation of food, equipment, and supplies. Additionally, PeaceHealth provides assistance in fund-raising for community programs. OTHER PROGRAM SERVICES 8 Health Professions Education. The PeaceHealth facilities provide leadership in identifying health care labor needs and developing and participating in programs to educate and train workers to serve their communities. OTHER PROGRAM SERVICES 9 Community Building Activities. PeaceHealth provides funds and in-kind donations for the development of community health programs and partnerships. These activities include Support System Enhancements, Coalition Building, Community Health Improvement Advocacy and Workforce Enhancement. |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | Client Note 1 | Form 990-T, Line H Explanation of unrelated business income activities 1 PeaceHealth is a member of Premier Purchasing Partnership, Limited Partners. The allocable share of partnership income from group purchasing programs on behalf of nonaffiliated hospitals, structured to reduce the cost of medical supplies incurred by nonaffiliated hospitals, is reported as unrelated business income (423000) 2 Pharmaceutical and optical supplies are available for purchase at PeaceHealth's Eugene, Oregon clinic operations. The allocable portion of these sales to non-patients is reported as unrelated business income (446110, 446199) 3 Non-patient laboratory services are provided by Oregon Medical Laboratory (621500) 4 Child Care services are offered as an employee benefit in the Alaska Region. The allocable portion of this activity provided to non-employees is reported as unrelated business income (624410) 5 EHI Works, an operating division of PeaceHealth, provides information technology services, products and technology to independent physicians (541519) 6 Whatcom Health Information Network, an LLC for which PeaceHealth is the only member, provides information technology services, products and technology to independent physicians (541519). |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PeaceHealth

Employer identification number
91-0939479

Part I

Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| Whatcom Health Information Network 625 Cornwall Ave Bellingham, WA 98225 91-1993455 | Health Info network | WA | 161,791 | 1,796,767 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|--|---------------------------|--|----------------------------|---|----------------------------------|
| Ketchikan General Hospital Foundation 3100 Tongass Ave Ketchikan, AK99901 65-1225184 | Healthcare Fundraising | AK | 501(c)(3) | 7 | N/A |
| Whatcom Hospice Foundation 800 East Chestnut Street Bellingham, WA98225 94-3146369 | Healthcare Fundraising | WA | 501(c)(3) | 7 | N/A |
| St Joseph Hospital Foundation 800 East Chestnut Street Bellingham, WA98225 94-3146369 | Healthcare Fundraising | WA | 501(c)(3) | 7 | N/A |
| Cottage Grove Community Hospital Found 1515 Village Drive Cottage Grove, OR97424 93-0688381 | Healthcare Fundraising | OR | 501(c)(3) | 7 | N/A |
| Peace Harbor Foundation 400 9th Street Florence, OR97439 93-1084126 | Healthcare Fundraising | OR | 501(c)(3) | 11a | N/A |
| Sacred Heart Medical Center Foundation PO Box 10905 Eugene, OR97440 93-6026548 | Healthcare Fundraising | OR | 501(c)(3) | 7 | N/A |
| Health Ventures PO Box 10905 Eugene, OR97440 91-1350776 | Healthcare joint ventures | WA | 501(c)(3) | 11a | N/A |

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | (F) Share of total income | (G) Share of end-of- year assets | (H) Disproporionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|--|------------------------------|--|--|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

Yes

No

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

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|--------------------------------------|---------------------------------|------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Schedule R (Form 990) 2008

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.

[illegible]

Software ID: 08000091
Software Version: 2008v2.7
EIN: 91-0939479
Name: PeaceHealth

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 |
|---|------------------------------|--|-------------------------------|---|-------------------------------------|
| Ketchikan General Hospital Foundation 3100 Tongass Ave Ketchikan, AK 99901 65-1225184 | Healthcare Fundraising | AK | 501(c)(3) | 7 | N/A |
| Whatcom Hospice Foundation 800 East Chestnut Street Bellingham, WA 98225 94-3146369 | Healthcare Fundraising | WA | 501(c)(3) | 7 | N/A |
| St Joseph Hospital Foundation 800 East Chestnut Street Bellingham, WA 98225 94-3146369 | Healthcare Fundraising | WA | 501(c)(3) | 7 | N/A |
| Cottage Grove Community Hospital Found 1515 Village Drive Cottage Grove, OR 97424 93-0688381 | Healthcare Fundraising | OR | 501(c)(3) | 7 | N/A |
| Peace Harbor Foundation 400 9th Street Florence, OR 97439 93-1084126 | Healthcare Fundraising | OR | 501(c)(3) | 11a | N/A |
| Sacred Heart Medical Center Foundation PO Box 10905 Eugene, OR 97440 93-6026548 | Healthcare Fundraising | OR | 501(c)(3) | 7 | N/A |
| Health Ventures PO Box 10905 Eugene, OR 97440 91-1350776 | Healthcare joint ventures | WA | 501(c)(3) | 11a | N/A |