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DLN: 93493223010080

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Don to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea	r, or tax year beginning 10	-01-2008 and ending 09-30-20	009		
B Ch	eck ıf a	pplicable	Please	C Name of organization ASANTE			D Employer ider	ntification number
- Ad	dress ch	ange	use IRS label or	Doing Business As			93-0223960 E Telephone nu	
Na	me chai	nge	print or type. See	Doing business as			•	
_ Ind	tıal retui	rn	Specific	Number and street (or P O b	ox if mail is not delivered to street add	ress) Room/suite	(541) 789-4	
Te	minatio	n	Instruc- tions.	2650 SISKIYOU BLVD			G Gross receipts	s \$ /12,/81,119
— Am	nended i	return		City or town, state or country	, and ZIP + 4			
— Ap	plication	pending		MEDFORD, OR 97504				
			F Nan	L ne and address of Principal	Officer	4/-> +		<u> </u>
				N HAAS	o meet	affiliai	s a group return tes?	ror
				SISKIYOU BLVD)RD,OR 97504				
T Ta	x-exem	npt status) (3) ◄ (insert no)	a)(1) or		affiliates include	,
							o," attach a list p Exemption Nur	See instructions)
J W	eb site	e: F wwv	v asante or	g		H(c) Grou	p Exemption Nui	inder P
К Тур	e of org	janization	Corporat	ion trust association ot	her 🕨	L Year of For	rmation 1995 M S	State of legal domicile OR
	T	C						
Pa	rt I		•	e organization's mission or	most significant activities			
		·		-	EALTHCARE SERVICES IN A	COMPASSION	ATE MANNER \	ALUED BY THE
ဖ ပိ			JNITIES W	-	LALITICARE SERVICES IN A	COMPASSION	ATE MANNER, V	ALOLD BY THE
€								
≣								
<u>></u>	2	Check t	hıs box 🦵	ıf the organızatıon dıscontı	nued its operations or disposed	of more than 2	5% of its assets	
ب 26	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)		з _	13
ψ W	4	Number	ofındepen	dent voting members of th	e governing body (Part VI, line	1b)	. 4 _	13
Ē	5	Total nu	ımber of en	nployees (Part V , line 2a)			5 _	4,663
Activities & Governance	6	Total nu	ımber of vo	lunteers (estimate if neces	sary)		6 _	570
•				ted business revenue from		7a _	7,795,479	
	Ь	Net unre	elated busi	ness taxable income from	Form 990-T, line 34		7b	
a)					Prio	or Year	Current Year	
	8			d grants (Part VIII, line 1h		-	2,209,722	2,446,955
Revenue	9			revenue (Part VIII, line 2g		520,031,196	566,546,511	
₩. Ye	10				lines 3, 4, and 7d)	•	-4,806,634	-31,060,592
	11		-	art VIII, column (A), lines	ına 📙 ——	7,717,643	-907,083	
	12	12)	evenue—a	ud illies o tillough II (illus	t equal Part VIII, column (A), l		525,151,927	537,025,791
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)		360,607	342,039
	14	Benefit	s paid to o	r for members (Part IX, co	umn (A), line 4)			0
ιħ	15		s, other co	ompensation, employee ber	nefits (Part IX, column (A), lines		254 400 274	254 457 005
Expenses		10)		(/A \	-	251,400,271	251,457,905
ই	16a			raising fees (Part IX, colur			0	
五	b	•		penses, Part IX, column (D), line	·			
	17			(Part IX, column (A), lines	·		283,124,067	289,565,908
	18 19				ual Part IX, line 25, column (A))	'	-9,733,018	541,365,852
± 07 3r -0-	13	revent	ue iess exp	penses Subtract line 18 fro	om mie 12	Danier !	· · ·	End of Year
ត់ ភូមិ	30	T	/D				ng of Year	
ess Bake	20			t X, line 16)			523,777,026	649,610,821
Net Assets or Fund Balances	21		•	Part X, line 26)			373,466,994	384,606,841
	22			d balances Subtract line 2	1 from line 20		250,310,032	265,003,980
Pa	rt II	_	ature Blo		uned the return including accompany	ng sebadulas and s	tatamanta and to th	a hast of my knowledge
					nned this return, including accompanyi n of preparer (other than officer) is ba			
Plea		****	**			2010-	07-28	
Sigr		Signa	ture of office	er		Date		
Her	е		ın Haas CAF(
			or print nam					
		Preparer'		M-II	Check If self-	Preparer's PTIN (See Gen Inst)		
Paid		signature Martin Moll se						
	arer's		me (or yours	AKT LLP	1	· · ·	ETNI &	
Use	Only	ıf self-en address,	nployed), and ZIP + 4	5665 SW Meadows Rd Suite	200		EIN Þ	
				Lake Oswego, OR 9703533			Phone no 🕨 (50	3) 620-4489
Mav	the IR	s discus	s this retir	* '	above? (See instructions) .			✓ Yes No
/					(- ·	

Cat No 11282Y

Form 990 (2008)

ЭŒП	Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission
	Asante exisits to provide quality healthcare services in a compassionate manner, valued by the communities we serve
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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 \$ 381,531,141 including grants of \$) (Revenue \$ 464,138,815) Asante's main program service is the operation of two hospitals in southern Oregon. The first is Rogue Valley Medical Center (RVMC), a 378 licensed bed hospital located in Medford, Oregon. The second is Three Rivers Community Hospital (TRCH), a 125 licensed bed facility located in neighboring Grants Pass, Oregon. RVMC has been named one of the Top 100 Cardiovascular Hospitals in the U.S. five times (2000-02, 2004, 2005), while TRCH has been designated a Baby Friendly Hospital by WhO and UNICEF, and the nations first Mother Friendly Hospital by the Center for Improving Maternity Services. The Joint Commission certified RVMC as a Primary Stroke Center in 2005, and the American Diabetes Association has awarded both hospitals its Recognition of Excellence Key hospital inpatient services, delivered through RVMC and TRCH include Cancer Services, Cardiovascular Surgery and impatient Cardiac Catherization Laboratory, General Medicine, General Surgery, Gynecology, Neonatology, Neonat
4b	(Code) (Expenses \$ 19,692,209 including grants of \$) (Revenue \$ 17,862,528) Asante's second biggest program service by expenses is Asante Community Services. Asante Community Services (ACS) is a compilation of various services and
	agencies that provides numerous programs to help create and maintain a healthy environment in the Rogue Valley ACS includes the Medford and Grants Pass Occupational Health Services. Among the services offered by the Occupational Health groups are pre-employment health screenings and professional counseling for injured workers. ACS has partnered with the Oregon Department of Transportation to perform random drug and alcohol testing on commercial truck drivers. Asante Community Services also includes the Rogue Valley Rx, Asante Home Infusion Services, and the Coumadin Clinic. Finally, ACS runs "Lifeline", an emergency monitoring service, allowing seniors to continue to live independent lifestyles During the last fiscal year, the two Occupational Health agencies saw 30,710 patients. The Rogue Valley Rx filled over 65,000 prescriptions, and Lifeline provided monitoring services to 1615 seniors.
4c	(Code) (Expenses \$ 8,271,182 including grants of \$) (Revenue \$ 8,494,681)
	Asante's third largest program service by expenses is Hearthstone Hearthstone is both a short-term and long-term skilled nursing facility. As part of Hearthstone's long-term nursing services, they also have a complete Alzheimer's wing. Hearthstone's short-term skilled nursing wing allows discharged hospital patients additional time to recuperate without incurring expensive hospital room charges. Both the long-term and short-term care wings provide their patients with physical, occupational, and speech therapies. The Alzheimer's wing provides both a comfortable and safe living environment for patients suffering from Alzheimer's disease. There were approximately 450 Hearthstone patients that stayed 29,649 patient days during the last fiscal year.
	(Code) (Expenses \$ 39,794,141 including grants of \$ 342,039) (Revenue \$ 46,529,767)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 449,288,673 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required	S	Sc	che	du	les
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			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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
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		
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	<u> </u>	10		
10 11	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	.,	No
	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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the US?	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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		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		Νο
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	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
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)

			1 63	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
3 1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	332			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
-	gaming (gambling) winnings to prize winners?	 i		1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	4,663			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	30	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited	_		
_	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		ľ	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or giπs	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		NI -
al	file Form 8282?	7d		76		No
u	The rest, indicate the number of Forms 6262 med during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	ı			
	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					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
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.	<u>. Governing</u>	Body and M	anagement	

			res	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 13						
b	Enter the number of voting members that are independent 13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
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		Νo			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo			
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N _O			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
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		Νo			

Section B. Policies

	1	Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	16h	Yas	
	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 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

MARVIN HAAS 2650 SISKIYOU BLVD MEDFORD,OR 97504 (541) 789-4103

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

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

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

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

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(tion that a			all			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1		\vdash					
1b Total							>	4,850,733	3	619,593

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶168

			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		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOuthern Oregon HOSPITALISTS PC 2640 S barnett Rd Suite E-333 MedFORD, OR 97504	HOSPITALISTS	1,351,091
West Assets Management po box 2140 Omaha, NE 68103	Medical Billing Services	1,263,107
INFINITY REHAB SERVICES PO BOX 5700 PORTLAND, OR 97228	MEDICAL REHAB SERVICES	938,567
ROGUE VALLEY DIALYSIS SVCS 760 GOLF VIEW SUITE 100 MedFORD, OR 97504	KIDNEY DIALYSIS SVCS	667,525
MAYO COLLABORATIVE SVCS 3050 SUPERIOR DRIVE NW ROCHESTER, MN 55901	LABORATORY SVCS	641,824
Total number of independent contractors (including those in 1) who reconfrom the organization	, , ,	43

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
	1a	Federated car	npaigns 1a			Kevende		312, 313, 31 31 1
報告	ь	Membership d	lues					
ou ou			1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	vents 1c					
慧	d	Related organ	ızatıons1d	2,446,955				
<u>∞</u> E	e	Government grar	nts (contributions) 1e					
ti " s	f		tions, gifts, grants, and			İ		
音楽		Similar amounts i	not included above 1f					
튵픁	g		rıbutıons ıncluded ın					
ပြွန်	h	lines 1a-1f \$	es 1a-1f)		2,446,955			
	<u>"</u>	Total (Add IIII		· · · · •				
<u>a</u>		LICCOTTAL CEDIAG	050	Business Code				
nue.	2a	HOSPITAL SERVIO		621,500	464,138,815	462,186,850	1,951,965	
Fe ~	Ь	ASANTE COMMUN	NITY SVCS	621,990	12,184,543	12,019,014	165,529	
- - -	С	HEARTHSTONE		623,000	8,494,681	8,494,681		
er Fe	d	ROGUE VALLEY R	X	446,110	5,677,985		5,677,985	
<i>ა</i> ბ ⊆	e	SOTES		621,300	484,335	484,335		
Program Serwce Revenue	f	All other prog	ram service revenue		75,566,152	75,566,152		
<u>Š</u>	g		es 2a-2f					
	3	Investment in	come (including divi	dends, interest				
		other sımılar a	amounts)		7,663,260			7,663,260
	4	Income from inve	estment of tax-exempt b	ond proceeds	29,196			29,196
	_	D Ib		►				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	1,865,607	(II) Personal				
	ь	Less rental	2,772,690					
		expenses Rental income	-907,083					
	C	or (loss)	,		227.222			
	d	Net rental inc	ome or (loss)	· · · · .	-907,083			-907,083
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	131,887,090	2,342,500				
	b	Less cost or other basis and sales expenses	172,493,488	489,150				
	С	Gain or (loss)	-40,606,398	1,853,350				
	d	Net gain or (lo		•	-38,753,048			-38,753,048
	8a		from fundraising cluding					
Other Revenue		1c) See Part	ns reported on line IV, line 18 le G if total exceeds					
Ę		\$15,000						
Ē.	ь	Less directe	xpensesb					
ŏ	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total 00					
	j.,		a					
	b c		xpensesb (loss) from gaming a	activities				
		· · ·	(1055) Hom gailing (ictivities -				
	10a	Gross sales o returns and al	finventory, less lowances . a					
	ь	Less cost of	goods sold b					
	c		(loss) from sales of					
		Miscellaneou		Business Code				
	11a							
	ь							
	c							
		Λ II ο+b ο = =====	nuo					
	d e	All other reve	es 11a-11d	\$				
	12		e. Add lines 1h, 2g, 3		537,025,791	558,751,032	7,795,479	-31,967,675
		8c,	11e				•	

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r				
Do r	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	342,039	342,039		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	·	·		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,875,199		2,875,199	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	166,156,520	147,993,987		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,315,913	7,340,973	974,940	
9	Other employee benefits	60,677,901	53,677,914	6,999,987	
10	Payroll taxes	13,432,372	11,838,724	1,593,648	
11	Fees for services (non-employees)				
а	Management	26,347,961	20,519,822	5,828,139	
b	Legal	1,206,466	603,233	603,233	
c	Accounting	220,028	110,014	110,014	
d	Lobbying	50,045		50,045	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,205,460		1,205,460	
g	Other	2,071,205	1,229,538	841,667	
12	Advertising and promotion	452,381	226,190	226,191	
13	Office expenses	9,807,681	4,903,841	4,903,840	
14	Information technology				
15	Royalties				
16	Occupancy	13,546,690	11,044,436	2,502,254	
17	Travel	519,533	403,373	116,160	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	371,523	279,729	91,794	
20	Interest	29,999,795	26,999,815	2,999,980	
21	Payments to affiliates	54,336,633	26,035,185	28,301,448	
22	Depreciation, depletion, and amortization	25,791,886	18,655,727	7,136,159	
23	Insurance	16,339,270	11,436,067	4,903,203	
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)				
а	PATIENT SUPPLIES	78,169,242	78,169,242		
ь	BAD DEBTS	21,803,037	21,803,037		
С	OTHER OPERATING EXP	4,965,870	3,963,521	1,002,349	
d	TELEPHONE	771,941	519,760	252,181	
e	PRINTING & PUBLICATIONS	577,561	410,088	167,473	
f	All other expenses	1,011,700	782,418	229,282	
25	Total functional expenses. Add lines 1 through 24f	541,365,852	449,288,673	92,077,179	0
26	Joint Costs. Check Tiffollowing 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) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_			10,206,508	1	56,914,760
	2	Savings and temporary cash investments		,	2	,,		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net	•	• •		68,763,845	- 1	62,202,723
	5	Receivables from current and former officers, directors, trustees			oyees or	30,730,040	-	02,202,720
		other related parties Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net	•	1,678,728	7	1,333,497		
	8	Inventories for sale or use			•	3,080,744	8	3,204,425
\$	9	Prepaid expenses and deferred charges				2,105,304	9	2,303,101
ssets	10a	Land, buildings, and equipment cost basis	1	ı	507 400 500			
⋖	_		10a		537,486,523	-		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		282,756,606	269,297,281	10c	254,729,917
	11	Investments—publicly traded securities				236,385,457	 	244,438,410
	12	Investments—other securities See Part IV, line 11 Complete Part IV	art VI	of	•	7,047,613		
	13	Schedule D Investments—program-related See Part IV, line 11 Complete F			12			
	14	of Schedule D . Intangible assets			13 14			
	15			25,211,546		24,483,988		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				25,211,540	15	24,403,900
	16	Total assets. Add lines 1 through 15 (must equal line 34)				623,777,026	16	649,610,821
	17	Accounts payable and accrued expenses .				9,861,041	17	10,253,728
	18	Grants payable			18			
	19	Deferred revenue			19			
_	20	Tax-exempt bond liabilities				282,255,464	20	284,463,681
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ţ.		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties		4,740,930	23	3,505,776		
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		76,609,559	25	86,383,656		
	26	Total liabilities. Add lines 17 through 25				373,466,994	26	384,606,841
		Organizations that follow SFAS 117, check here ▶ ✓ and comp	olete l	ines 2	27			<u> </u>
ě		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				250,310,032	27	265,003,980
<u> Ba</u>	28	Temporarily restricted net assets			28			
됟	29	Permanently restricted net assets			29			
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ ar lines 30 through 34.	:					
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	_		
2.5	32	Retained earnings, endowment, accumulated income, or other fu	=		32	_		
Net /	33	Total net assets or fund balances		250,310,032		265,003,980		
ž	34	Total liabilities and net assets/fund balances				623,777,026	\vdash	649,610,821
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

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As Filed Data -

DLN: 93493223010080

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

ASANT	E								022206	^		
Pai	-+ T	Peason	for Public C	harity Status (to be co	mnleted	hy all or	ganizatio		-022396			
				ation because it is (Please					instruct	.10113)		
1	Г			nurches, or association of ch					(A)(i).			
2	Ē	•		tion 170(b)(1)(A)(ii). (Atta								
3	Ī			e hospital service organizati			tion 170(b)(1)(A)(i	iii). (Attac	h Schedu	le H)	
4		-	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
	•	hospital's name, city, and state										
5	Г	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	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt descr	ribed in Se	ct ion 170	(b)(1)(A)	(v).			
7	Γ	Anorganiz	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral publi	С
		=		o)(1)(A)(vi) (Complete Par		• •	_			-	•	
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	ership fees	s, and gro	SS
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509	(a)(4). (S	ee instruc	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza Type II c	d ın sectio	on 509(a) omplete li	(1) or sec nes 11e t	tion 509(a hrough 11	a)(2) See	Section 5		.Check
e f	Γ	By checkin other than section 50	g this box, I ce foundation man 9(a)(2)	rtify that the organization is agers and other than one or	not contro more publ	olled direc licly suppo	tly or indi orted orga	rectly by o	one or mo described	re disqual in section	ıfıed pers n 509(a)(ons 1) or
g		check this	box ıst 17, 2006, h	d a written determination fro as the organization accepte						зирроги	ig organi.	
				r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes	No
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(_	
h		Provide the	e following infor	mation about the organizatio	ns the org	janızatıon	supports				•	
Supp		ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	you notify anization i) of your port?	organiz	s the ation in organized US?	(vii) Ar supp	nount of port?
	Yes No Yes No Yes No											

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbving Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)							
◆ Section 501(c)(4), (5), or (6) organizations complete Part III							
Name of the organization	Employer identification number						
ASANTE							

		33 GEE3366
Part I-A	To be completed by all organizations exempt under section 501(c)	and section 527
	organizations. (See the instructions for Schedule C for details.)	

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures
- Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- **▽** No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? □ No
- Was a correction made?
- If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities
- Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
 - State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
_				

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

_	art II-A To be completed by	organizations exempt under section 501(c)(3) that	filed Form 5	Page ∠ 768
_		tion 501(h)). (See the instructions for Schedule C for details		
		belongs to an affiliated group		
<u>D</u>	Limits on Lo	bbying Expenditures— s' means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
 1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Ь	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	columns —	the amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- If line f is more than line c		
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	rtıng	┌ Yes ┌ No

columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures				0	
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		1)	(b)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		50,045	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		12,000	
j	Total lines 1c through			62,045	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
ь	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

1

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	ASANTE MAINTAINS MEMBERSHIPS IN THE AMERICAN HOSPITAL ASSOC (AHA) AND OREG ASSOC OF HOSPITALS AND HEALTHCARE SYSTEMS (OAHHS) DURING TAX YEAR 2008 ASANTE PAID MEMBERSHIP DUES TO THE AHA AND OAHHS OF \$63,956 AND \$160,486 RESPECTIVELY 20 77% OF OAHHS DUES AND 26 13% OF AHA DUES WENT FOR LOBBYING PURPOSES THUS, ASANTE MADE INDIRECT LOBBYING EXPENDITURES OF \$50,045 THROUGH IT'S MEMBERSHIP DUES ALSO, ASANTE PAID JOHN WATTS AND ASSOC (JWA) \$12,000 FOR SPECIFIC ISSUES LOBBYING DURING THE YEAR JWA IS AN ADVOCATE FOR ASANTE AND SPECIALIZES IN BALLOT PROPOSITIONS AFFECTING THE HEALTHCARE INDUSTRY

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

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As Filed Data -

DLN: 93493223010080

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that

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

Supplemental Financial Statements

Name of the organization
ASANTE

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?

Yes No

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?

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

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

Preservation of land for public use (e.g., recreation or pleasure)

Preservation of natural habitat

Preservation of certified historic structure

Preservation of open space

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

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

2a

2b

2c

2d

- 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?

TYes □N

- **6** Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year **F**
- 7 A mount 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)?

Yes No

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

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

- \$

(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

Cat No 52283D

Schedule D (Form 990) 2008

<u> ar</u>	Organizations Maintaining Collections of Art, H	isto	rica	<u>al Treas</u>	ures, or Othe	<u>r Similar A</u>	\sse	ts (co	ntınued)
3	Using the organization's accession and other records, check any of items (check all that apply)	the fo	ollov	wing that a	re a sıgnıfıcant u	se of its colle	ection	ı	
а	Public exhibition d	Г	_ L	oan or exe	change programs				
ь	Scholarly research	Г	- (Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain h Part XIV	ow th	ney f	further the	organization's ex	cempt purpos	e ın		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as par					nılar	Г	Yes	┌ No
Pai	Trust, Escrow and Custodial Arrangements. Co Part IV, line 9, or reported an amount on Form 990,				anızatıon answ	ered "Yes"	to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X?	ry for	cor	ntributions	or other assets I	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table								
						•	4 mou	nt	
C	Beginning balance				1 c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line 2:	L۶					Γ	Yes	Г№
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization a								
		(b) Prio	or Yea	ar (c) T	wo Years Back (d)	Three Years Bac	k (e	Four Ye	ears Back
la •	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance held as								
а	Board designated or quasi-endowment								
ь	Permanent endowment ►								
c	Term endowment -								
3a	Are there endowment funds not in the possession of the organizatio	n thai	tare	e held and	administered for	the			
	organization by							Yes	No
	(i) unrelated organizations						a(i)		
_	(ii) related organizations		•			🔼	a(ii)		
	If "Yes" to 3a(II), are the related organizations listed as required or						3b		
 	Describe in Part XIV the intended uses of the organization's endow t VI Investments—Land, Buildings, and Equipment.				art V line 10				
·c	t VI Investments—Land, Buildings, and Equipment.								
	Description of investment			st or other nvestment)	(b)Cost or other basis (other)	(c) Depreciation	on	(d) Boo	ok value
La	and			8,784,001	8,283,673		+	1	7,067,674
	Buildings			-,,002	277,156,657	97,220,0	₀₄₀ -		9,936,617
	easehold improvements				8,800,678	6,366,			2,434,447
	Equipment				227,964,714	179,170,	-		8,794,379
	Other				6,496,800	, ,			6,496,800
					,, - 0 0				,

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products		2032 01 0114 01	year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Total (column (2) should equal from 330) full his coll (2) mile 12 y			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-or-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	no 15		
(a) Descri			(b) Book value
(,			(=, ===================================
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PAYROLL/BENEFITS PAYABLE	22,070,110		
SELF INSURANCE RESERVE	16,333,956		
CURRENT PORTION OF LONG TERM DEBT	3,131,382		
SWAP VALUATION ADJUSTMENT	36,534,126		
REIMBURSEMENTS DUE GOVT AGENCIES	2,400,085		
OTHER CURRENT LIABILITIES	4,987,160		
OTHER LONG TERM LIABILITIES	926,837		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	86,383,656		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	537,025,791
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	541,365,852
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,340,061
4	Net unrealized gains (losses) on investments	4	21,045,457
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,011,448
9	Total adjustments (net) Add lines 4 - 8	9	19,034,009
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,693,948
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial		518,518,328
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	67,331,481
3	Subtract line 2e from line 1	3	451,186,847
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 85,838,944		
c	Add lines 4a and 4b	4c	85,838,944
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	537,025,791
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	497,992,416
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	43,080,867
3	Subtract line 2e from line 1	3	454,911,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 86,454,303		
c	Add lines 4a and 4b	4c	86,454,303
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	541,365,852
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanat ion
Part XI, Line 8 - Other Adjustments		Change in Unrealized Investment Loss -4124655 Donated Capital and FAS 47 2113207
Part XII, Line 2d - Other Adjustments		LOSS ON BOND DEFEASANCE 2999884 NET RENTAL INCOME 907083 REALIZED GAIN & LOSSES FROM INVESTMENT 21481818 RELEASED FROM RESTRICTION 2113000 SWAP ADJUSTMENT 16124697 Unrealized Gain - Asante Foundation 1591487 Unrealized Gain - So Oreg Insurance Co 1068055
Part XII, Line 4b - Other Adjustments		ELIMINATION ENTRY-OTHER OPERATING INCOME 78146488 INVESTMENT INCOME 7692456
Part XIII, Line 2d - Other Adjustments		ELIMINATION ENTRY - ASANTE HMP ACTIVITY 407920 asante foundation net income 1057947 loss on bond defeasance 2999884 realized gains & losses on investment 21481818 swap adjustment 16124697 Other Expenses 1008601
Part XIII, Line 4b - Other A djustments		ELIMINATION ENTRY - CORPORATE ALLOCATIONS 53962345 ELIMINATION ENTRY - SHARED INSURANCE 10849038 ELIMINATING ENTRY - SHARED INTEREST EXPENSE 15655428 interest/dividend income-realized 5987492

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DLN: 93493223010080

OMB No 1545-0047

2008

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization

Employer identification number

						0223960			
Pā	charity Care and	l Certain O	ther Com	nunity Benefits at	Cost (Optional for	2008)			
	Door the arrangement in the	abariti	nolious reliai	. " akın ta avaatı 6				Yes	No
1a	Does the organization have a						1a	Yes	
	If "Yes," is it a written policy						1b	Yes	
2	If the organization has multip care policy to the various ho		ındıcate whic	h of the following best o	lescribes application (of the charity			
	Applied uniformly to all h			Applied uniformly	to most hospitals				
	Generally tailored to indiv	/ıdual hospıta	ls						
3	Answer the following based o organization's patients	n the charity	care eligibilit	y criteria that applies t	o the largest number o	of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a	Yes	
	Г 100%	▽ 2	200%	Cother	%			103	
b	Does the organization use FP	G to determi	ne eligibility f	or providing <i>discounted</i>	care to low income in	dıvıduals? If			
	"Yes," indicate which of the f	ollowing is the	e family incon	ne limit for eligibility for	r discounted care .		3ь	Yes	
	Γ _{200%} Γ _{250%}	T 300)% —	350%	Other	9/0			
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description wh	ether the organization				
4	Does the organization's polic	v provide free	or discounte	ed care to the "medicall	v indigent"?		4	Yes	
5a	Does the organization budget				-		5a	Yes	
b	If "Yes," did the organization	's charity car	e expenses e	xceed the budgeted am	nount?		5b		Νο
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		
6a							6a	Yes	
6b	If "Yes," does the organization	on make it ava	aılable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule	-	ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested	(a) Number of activities or programs	served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b	enefit	(f) Pero	
	Government Programs	(optional)	(optional)			·			
	Charity care at cost (from worksheets 1 and 2)		14,229	17,748,091		17,748	,091	3 2	80 %
b	Unreimbursed Medicaid (from worksheet 3, column a) .		55,393	59,248,559	38,506,059	20,742	,500	3 8	30 %
С	Unreimbursed costs—other means-tested government								
	programs (from Worksheet 3,		1670	6 552 422	(200 020	353		~ ~	70.0/
d	column b)		1,679	6,553,432	6,200,830	352	,602	0 0	70 %
	Means-Tested Government Programs		71,301	83,550,082	44,706,889	38,843	193	7 1	80 %
	Other Benefits		71,301	03,330,002	44,700,009	30,043	,195	, 1	00 /0
е	Community health improve- ment services and community benefit operations (from								
_	(worksheet 4)			6,370,408	855,496	5,514	,912	1 0	20 %
	Health professions education (from worksheet 5)			164,200		164	,200	0 0	30 %
g	Subsidized health services (from worksheet 6)								
	Research (from worksheet 7)			241,556	91,200	150	,356	0 0	30 %
i	Cash and in-kind contributions to community groups (from worksheet 8)					138	,339	0 0	30 %
-	Total Other Benefits			6,776,164	946,696	5,967	,807		10 %
k	Total (line 7d and 7j)		71,301	90,326,246	45,653,585	44,811	,000	8 2	90 %

Pa	TELL Community Building		s (Complete	this table if the	organiza	tion co	nducted any comm	unity	buildii	ng
	activities) (Optional	(a) Number of	ı	<u> </u>			1	Т		
		activities or programs (optional)	(b) Persons served (optional)	(c) Total communi building expense		rect offse revenue	(e) Net commun building expens	,	(f) Perc total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and training for community members									
6	Coalition building									
7	Community health improvement advocacy	2		102,0	14		102,	014	0 0	20 %
8	Workforce development									
9	Other Total			1000			100	0.1.1		
	t IIII Bad Debt, Medicar	e. and Colle	ction Prac	102,0)	102,	014	0 0	20 %
		<u> </u>		area (aparana)	707 2000					
ect	ion A—Bad Debt Expense								Yes	No
1	Does the organization report b Statement No 15?			nce with Heathcare	Financial	Manage	ment Association	1	Yes	
2	Enter the amount of the organi			nt cost)		2	9,204,703	3		
3	Enter the estimated amount of attributable to patients eligible					3				
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	the footnote to ng methodolog	the organization	on's financial state						
ect	ion B—Medicare	nounts in com	numry benefit							
5	Enter total revenue received fi	rom Medicare (including DSH	land IME)		5	114,733,498	3		
6	Enter Medicare allowable cost					6	135,922,631			
7	Enter line 5 less line 6—surp	lus or (shortfal	l)			7	-21,189,133	3		
8	Describe in Part VI the extent the costing methodology or so following methods was used	urce used to d	etermine the a	amount reported or	n line 6 and					
	Cost accounting system	I♥ Co	st to charge ra	itio I	O ther					
	ion C—Collection Practices Does the organization have a v	writtan daht co	Hostian nalisy	2						
9a 9b	If "Yes," does the organization					oractice	s to be followed for	9a	Yes	
	patients who are known to qua	lify for charity	care or financi	al assistance? De	scribe in F			9b	Yes	
Pai	t IV Management Com	panies and	Joint Ventu	ures (Optional f 	or 2008)		(d) Officers directors			
	(a) Name of entity	(E	o) Description of p activity of entit		(c) Organi profit % c ownersh	r stock	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physio ofit % or ownership	stock
L OF	EGON ADVANCED IMAGING	RADIOLOGY AND) IMAGING SERVIO	CES		43 500 %			18 (00 %
2 SIS	KIYOU IMAGING	RADIOLOGY AND) IMAGING SERVIO	CES	:	33 300 %			33 3	00 %
3 CA	RDIOVASCULAR INST OF SO OREGON	CARDIAC SERVI	CES		:	25 000 %			75 (00 %
1 CV	I REAL PROPERTY	PROPERTY MAN	AGEMENT		:	25 000 %			75 (00 %
5 SC	UTHERN OREGON LINEN SVCS	LINEN PROCESS	ING			34 000 %				
6 HE	ALTH FUTURES LLC	SUPPLIES PURC	HASING			14 300 %				
7 GF	ANTS PASS SURGICAL CENTER	OUTPATIENT SU	RGERY			40 000 %			60 (00 %
3 AII	1 REAL PROPERTY	REAL PROPERTY	' MANAGEMENT			55 000 %			35 (00 %
9 RC	GUE VALLEY SLEEP CNTR	SLEEP DISORDE	R SVCS			51 000 %			49 (00 %
10 SU	RG CNTR OF SO OREGON	OUTPATIENT SU	RGERY		:	20 000 %			80 (00 %
11 SC	SO REAL PROPERTY	REAL PROPERTY	' MANAGEMENT			20 000 %			80 (00 %
12										
13										
14										

Part V Facility Information (Required for 2008) ER-other ER-24 hours Teaching hospital Research facility General medical & Children's Licensed hospital Ortical access Name and address Other (Describe) . hosptal hospital - surgical ROGUE VALLEY MEDICAL CENTER 2825 BARNETT RD Х Х Χ MEDFORD, OR 97504 THREE RIVERS COMMUNITY HOSP 500 SW RAMSEY AVE Χ Χ Х GRANTS PASS, OR 97527 HEARTHSTONE 2901 E BARNETT RD LONG TERM CARE MEDFORD, OR 97504 ASANTE COMMUNITY SERVICES OCCUPATIONAL 781 BLACK OAK DRIVE STE 102 HLTH/PHYSICIAN SVCS MEDFORD, OR 97504

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III,
	line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part III, Line 4 BAD DEBTS RESULT WHEN A PATIENT WHO HAS BEEN DETERMINED TO HAVE THE FINANCIAL CAPACITY TO PAY FOR HEALTHCARE SERVICES IS UNWILLING TO SETTLE THE CLAIM OR DOES NOT PROVIDE FINANCIAL INFORMATION TO ACCESS CAPACITY CALCULATION (BAD DEBTS AT FORGONE REVENUE AMOUNT) X ((OPERATING EXPENSES EXCLUDING BAD DEBTS)/(GROSS CHARGES)) = BAD DEBT EXPENSE AT COST

Part III, Line 8 Certain government sponsored health insurance companies, such as Medicare and Medicaid, pay a significantly reduced amount for medical services rendered to their insurees. In most cases, the amount paid does not even cover the expenses of rendering services. Asante considers the difference between the expenses of rendering services to Medicare and Medicaid patients, and the amount of net reimbursement from these government sponsored insurance companies a community benefit. Calculation. Total Medicare payments per cost report less total Medicare costs per cost report.

Part III, Line 9b If there is an indication that a patient may be unable to pay their bill, a financial questionnaire is given or sent to the patient. On receipt of the completed questionnaire, the business office will determine eligibility for financial assistance and notify the patient within 20 days. Eligibility is determined based upon the questionnaire and on financial documents such as tax returns, SSI statements, paycheck stubs, and FSA/HSA information. The patient's other financial obligations, number of dependents, assets and other financial circumstances are considered. The percentage of financial assistance provided is based upon a sliding scale table that utilizes the patient family's income as a percentage of the Federal Poverty Guidelines.

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

 Part VI, Line 2 Asante's five primary sources of input include the Community Leaders Forum, the environmental assessment, the community assessment survey, formal conversations with our collaborators, and identified Strategic Plan gaps from the previous year
- 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

Part VI, Line 3 The Financial Access Specialists, Credit Analysts, and Registration personnel work with the patient either at the time of scheduling or arrival at the hospital or during the billing process. If the patient discloses they will have difficulty paying, we assist them applying for the Oregon Health Plan, Financial Assistance, or a payment plan. Based upon income and expenses, a patient may be eligible for Charity Care write-offs of between 10% to 100% of their bill.

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

Part VI, Line 4 The most notable fact about the demographics of our service area is that we have a rather elderly population, both in our primary service area of Jackson and Josephine Counties, but also our secondary service area of northern California and southern Oregon. In 2009, patients 65+ accounted for 40.6% and 47.1% of admissions at RVMC and TRCH respectively For the next 20 years, the 65+ age group is forecast to be the fastest growing segment of our population. In addition, the overall population growth of our primary service area is also forecast to average 1% per year for the next 30 years.

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

Part VI, Line 5 In fiscal 2009, Asante's contribution to Community Health Improvement Advocacy includes a payment of \$2,250 to support the Child Advocacy Center. This center hires doctors to testify in court for potentially physically and mentally abused children. In addition, Asante contributed \$62,514 to train nurses for the Faith Community Nursing Program. This program allows nurses to interact with their fellow church members as health educator, advisors, advocates, and spiritual mentors. Asante also contributed \$30,000 to La Clinica Del Valle and another \$7,250 to the Women's Crisis Support Center of Southern Oregon.

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.)

Part VI, Line 6 Along with providing quality healthcare, Asante furthers its exempt purpose and fulfills its mission to the community by providing or subsidizes numerous classes, support groups, health fairs, and self-help programs. Most of these events are either free or at a very low cost to the public. Some of the support groups that Asante provides include the Autism Support Group, the Awake Better Sleep Group, the Better Breathers Club, the Mom's Support Group, Prenatal Bereavement Support Group, Breast Cancer Support Group, Caring and Sharing Support Group, Family Dynamics of Alcohol and Drug Abuse Group, Mending Hearts, Restless Leg Syndrome Group, Bereavement Support Group, Beyond Loss, Brief Encounter, LaLeche League Breast Feeding Mom's Group, MS Support Group, Parkinson's Support Group, Rogue Valley Chronic Fatigue Syndrome, Fibromyalgia Support Group, CANSURVIVE Support Group, Prostate Cancer Support Group, and the Women's Cancer Support Group Hearthstone also sponsors a monthly Alzheimer's support group Asante's Diabetes Care Center has four local diabetes support groups staffed by a Registered Nurse and the Speaker's Bureau provides paid lecturers to numerous support groups including the Parkinson's Support Group, the Peripheral Neuropathy Support Group, Parent/teacher groups, Ryan White HIV Support Group, and to numerous church and school student groups. Asante's Hospice department offers three support groups including the Adult Grief Support Group, the "Day of Remembrance" event, and the "Butterfly Release" event The majority of these support groups and events were held at the Smullins Education Center at Rogue Valley Medical Center There were also health education events held at Three Rivers Community Hospital and occasionally in our secondary service area of Brookings, Oregon During the last fiscal year, the Smullins Center hosted over 600 events attended by over 20,000 people. As mentioned earlier, most events were either free of charge or a minimum fee, yet Asante still pays thousands of dollars in salaries, benefits, supplies, and classroom space to provide or support these events. Additionally, Asante either completely or partially supports numerous outreach or community service programs in the community Asante is the sole support of the Francis Cheney Family Place and the Three Rivers Family House Much like the Ronald McDonald House, these Houses provide low-cost temporary lodging for families of patients at RVMC or TRCH. Donations are accepted, but no one is denied admission for an inability to contribute The Community Health Care Centers in the Rogue Valley provide free lab tests to low income patients Asante also supports numerous children's health programs, including the Kids Health Connection, which offers primary and urgent healthcare services, such as dental screening, risk assessment, and mental health counseling to children. Asante's Child Development Services provides a variety of services for families with infants and young children. Asante also provides space for the Children's Dental Clinic, which gives free dental care to children of low-income families Finally, several clinical departments within RVMC and TRCH provide non-billed services to citizens of the community They include the Sterile Processing Dept, the Imaging Dept, the hospital pharmacy, the Rogue Valley Rx, Social Services, Resource Management, Senior Transportation, and the Supportive Care Team Asante's on-going mission is to constantly find new ways to better serve the healthcare needs of the citizen's of southern Oregon and northern California

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

Part VI, Line 7 Asante is a community owned and governed not-for-profit health system providing comprehensive healthcare services to more than 550,000 residents in nine counties throughout southern Oregon and northern California. The System was formed in 1995 to include Rogue Valley Medical Center (RVMC) in Medford, Three Rivers Community Hospital (TRCH) in Grants Pass, and Hearthstone, a skilled nursing facility. In 2005, Asante Community Services (ACS), which provides occupational health and physician services, was added to the Asante family.

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

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493223010080

Inspection

Department of the Treasury Internal Revenue Service

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

organization or government If applicable or grant grant assistance cash assistance (book, FMV, appraisal, other) non-cash assistance or ass AMERICAN HEART ASSOCIATION710 2ND AVE STE 900 SEATTLE, WA 98104 13-5613797 501(c)(3) 7,000 0 SUPPO ASSOCIATION OF A	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box i	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Us needed	✓ Yes
organization or government If applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or ass AMERICAN HEART ASSOCIATION710 2ND AVE STE 900 13-5613797 501(c)(3) 7,000 0 SUPPO ASSOCIATION710 2ND ASSOCIATION	
ASSOCIATION710 2ND AVE STE 900 SEATTLE, WA 98104 JACKSON COUNTY MEDICAL SOCIETY204 GENESSEE ST MEDFORD, OR 97504 LA CLINICA DEL VALLE 3617 S PACIFIC AVE MEDFORD, OR 97501 MEDFORD CHAMBER OF COMMERCE101 E 8TH STREET MEDFORD, OR 97501 OIT FOUNDATION3201 CAMPUS DRIVE ASSOCIATION710 2ND ASSOCIATI	rpose of grant Istance
MEDICAL SOCIETY204 GENESSEE ST MEDFORD, OR 97504 SOCIE LA CLINICA DEL VALLE 3617 S PACIFIC AVE MEDFORD, OR 97501 94-3096772 501(c)(3) 30,000 0 SUPPO MED C MEDFORD CHAMBER OF COMMERCE101 E 8TH STREET MEDFORD, OR 97501 93-0197580 501(c)(3) 10,350 0 SUPPO OF CO OIT FOUNDATION3201 CAMPUS DRIVE 23-7056213 501(c)(3) 30,000 0 SUPPO PROGR	RT HEART CIATION
3617 S PACIFIC AVE MEDFORD, OR 97501 MED C MEDFORD CHAMBER OF COMMERCE101 E 8TH STREET MEDFORD, OR 97501 93-0197580 501(c)(3) 10,350 0 OIT FOUNDATION 3201 CAMPUS DRIVE 23-7056213 501(c)(3) 30,000 0 SUPPOPROGRETOR	RT MEDICAL TY
COMMERCE101 E 8TH STREET MEDFORD, OR 97501 OIT FOUNDATION 3201 23-7056213 501(c)(3) 30,000 O SUPPO PROGR	RT HISPANIC LINIC
CAMPUS DRIVE PROGR	RT CHAMBER MMERCE
97601	RT NURSING RAM
1,200	RT MEDICAL CIATION
ROGUE COMMUNITY 93-0591783 501(c)(3) 67,500 0 SUPPO PROGR HWY GRANTS PASS, OR 97527	RT NURSING RAM
SO OREGON UNIVERSITY 23-7030910 501(c)(3) 66,700 0 SUPPO PROGRASHLAND, OR 97520	RT NURSING RAM
UNITED WAY OF JACKSON 93-0576632 501(c)(3) 9,833 0 SUPPO CO769 SPRING STREET MEDFORD, OR 97504 SUPPO UNITE	RT LOCAL D WAY
WO MEN'S CRISIS SUPPORT TEAM 560 NE F ST STE A 430 GRANTS PASS, OR 97526 93-0763734 501(c)(3) 7,250 0 SUPPO COALI	RT WOMEN'S TION

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

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

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Once an applicant has been approved for grant funds, the grant agreement specifies that all grant monies are to be spent for only the purposes spelled out in the application. The County Connections Committee must know where the donated money will be allocated, and if a fundraising event, how the raised money will be allocated. Usually, a detailed budget of the grantee's current year is required, as well as any reports or minutes from previous events.
O ther Information	Part IV	When Asante receives a request for grant funds from an outside organization, the request is reviewed by either the Jackson County or Josephine County Community Connections Committee. The applicant must fill out an application form and provide supporting documents or event material. To be selected, the organization must meet the following criteria. 1) the grant must support strategic initiatives, 2) it must have a direct impact on the healthcare of the community, 3) the organization must be a not-for-profit health, human services, or education related organization, 4) the organization collaborates with other not-for-profit organizations and, 5) the grant must be a relation building opportunity.

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DLN: 93493223010080

OMB No 1545-0047

омв

Employer identification number

2008

Schedule J (Form 990)

Internal Revenue Service

ASANTE

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

			93-0223960			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III is					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee					
	✓ Independent compensation consultant	, -				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art VII	I, Section A, line 1a			
а	Receive a severance payment or change of control pa	aymeni	t?	4a	Yes	
b	Participate in, or receive payment from, a supplement	tal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro					
	501(c)(3) and 501(c)(4) organizations only must com	nplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de		• • • • • • • • • • • • • • • • • • • •	7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in					

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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Roy Vinyard	(ı) (ıı)	486,562		487,850	30,847	82,101	1,087,360	414,082
Paul Janke	(ı) (ıı)	193,956		104,692	13,800	43,459	355,907	
Marvin Haas	(ı) (ıı)	236,225		36,000	43,392	35,258	350,875	
Kent Brown	(ı) (ıı)	238,562		36,000	49,540	53,224	377,326	
GREGG EDWARDS	(ı) (ıı)	176,257		20,500	11,964	28,824	237,545	
MARK HETZ	(ı) (ıı)	196,420		31,000	12,888	35,296	275,604	
WIN HOWARD	(ı) (ıı)	140,179		15,500	9,554	25,349	190,582	
Charles Carmecı MD	(ı) (ıı)	603,874		15,500	12,338	18,349	650,061	
David Folsom MD	(ı) (ıı)	594,374		20,500	13,800	16,840	645,514	
Bryan Sohl MD	(ı) (ıı)	420,695		36,000	13,800	19,649	490,144	
Roger Hall MD	(1) (11)	345,952		36,000	13,800	14,597	410,349	
George Wilkinson MD	(1) (11)	362,635		15,500	6,900	14,024	399,059	
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 7	The five highest paid non-executive employees, mostly cardiac surgeons, are paid a base salary and then receive productivity compensation based on relative value units (RVU's) Each RVU is \$40 and each procedure performed by the surgeons is weighted by acuity. The more complex the procedure, the higher the weight factor. Consequently, the total productivity compensation is determined by multiplying the combined weight factors by \$40.
·		
·		

Software ID: **Software Version:**

EIN: 93-0223960

Name: ASANTE

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

Form 990, Schedule 3, Par	t II - Officers, Dire	ctors, rrustees, k	ey Linployees, and	i inglicat compen	sated Lilipioyees	<u>'</u>	
(A) Name	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Roy Vinyard ((i) 486,562 ii)	2	487,850	30,847	82,101	1,087,360	414,082
I .	(ı) 193,956 (ı)	5	104,692	13,800	43,459	355,907	
Marvin Haas ((i) 236,22! (ii)	5	36,000	43,392	35,258	350,875	
	(i) 238,562 ii)	2	36,000	49,540	53,224	377,326	
GREGG EDWARDS ((ı) 176,257 (ı)	7	20,500	11,964	28,824	237,545	
MARK HETZ	(ı) 196,420 ıı)		31,000	12,888	35,296	275,604	
WIN HOWARD ((i) 140,179 ii)		15,500	9,554	25,349	190,582	
Charles Carmecı MD	(i) 603,874 ii)	1	15,500	12,338	18,349	650,061	
David Folsom MD ((i) 594,374 ii)	1	20,500	13,800	16,840	645,514	
Bryan Sohl MD	(i) 420,69! ii)	5	36,000	13,800	19,649	490,144	
Roger Hall MD	(i) 345,952 ii)	2	36,000	13,800	14,597	410,349	
	(i) 362,63! (ii)	5	15,500	6,900	14,024	399,059	

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

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

DLN: 93493223010080

Open to Public Inspection

Schedule K (Form 990) 2008

Department of the Treasury
Internal Revenue Service
Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Employer identification number

	NTE									Employer	uentinca	tion num	Dei	
										93-02239	960			
Pa	Tt I Bond Issues (Require	d for 2008)	ı								1			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Des	cription of F	Purpose	(g) De	efeased	(h) O n Behalf of Issuer	
											Yes	No	Yes	No
A	THE HOSPITAL FACILITY AU	52-1378932	584283DS1	11-17-	2005	70,	000,000	FINANCE	IOSPITAL E	XPANSION		х		х
В	THE HOSPITAL FACILITY AU	52-1378932	584283DS1	11-17-	2005	100,	000,000	FINANCE	IOSPITAL E	XPANSION	х			х
c	THE HOSPITAL FACILITY AU	52-1378932	584283EL5	10-09-2008		102,	102,700,000		IO SPITAL E	XPANSION		х		х
Pa	rt III Proceeds (Optional for	r 2008)		•										
					A	I	В		С	D			E	
	Total Proceeds of Issue													
	Gross Proceeds in Reserve Fund													
3	Proceeds in Refunding or Defease	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro													
7	Capital Expenditures from Proce	eds ————————————————————————————————————												
8	Year of Substantial Completion													
9	Were the bonds issued as part of	a current refunding iss	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
10	Were the bonds issued as part of	<u>_</u>										+		
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	ords to support the											
Pai	11111 Private Business Use	(Optional for 2008)										•	
					<u> </u>		В	_	C	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in which owned property financed by		mper of an LLC,											
2	Are there any lease arrangement which may result in private busin	s with respect to the fi	nanced property											

Cat No 50193E

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	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?										
3с	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?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		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?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	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?										

DLN: 93493223010080

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

tional information for

2008

OMB No 1545-0047

Open to Public Inspection

▶ 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
ASANTE

Employer identification number
93-0223960

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Asante's corporate division has made cash donations to numerous non-profit organizations. These donations help support local schools and other youth activities, such as Little League and drug free grad nights at local high schools. The corporate division has also made significant contributions to nationally recognized medical associations, such as the American Red Cross and Diabetes Associations. Other contributions have been made to organizations that benefit local seniors. Often, indigent and Medicaid patients will show up at the Emergency Room in need of specialized medical care. In order to assure that unassigned indigent and Medicaid patients have specialized medical care available to them, Asante created Southern Oregon Trauma and Emergency Services (SOTES). SOTES contracts with local independent physicians to provide specialized care to these patients throughout their hospital stay. The physician will bill SOTES, which will reimburse the specialist at Medicare rates SOTES operates at a negative margin. Expenses \$ 39794141. including grants of \$ 342039. Revenue \$ 46529767.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Policy Summary The federal Form 990 and 990-T are federally mandated legal documents that are highly regulated Within Asante, they are to be prepared by personnel in the Accounting Department. Additional assistance will be provided by personnel in the Marketing, Compliance, and Executive departments. Before final submission of the documents, they are to have Asante Board review. Policy Detail. 1. When final audited financial information is available, Accounting personnel will compile the needed information to prepare the appropriate tax returns for the prior fiscal year. 2. As needed, accounting will file all appropriate extensions on a timely basis. However, the final submission can never be extended past August. 15 of the year following the fiscal year being filed. 3. In addition to the normal preparation, Accounting personnel will coordinate with personnel from the Marketing, Compliance, and possibly the Executive departments in preparing the various schedules. All work papers are to be retained in a permanent file. 4. When all necessary information has been compiled, it is to be loaded into tax software. 5. When completed, a draft tax return will be reviewed by the Chief Financial and Administrative Officer. All review notes and comments will be cleared by Accounting. 6. Once reviewed by the CAFO, an additional review will be performed by an outside CPA firm. Accounting will again clear any additional review notes additional review and comments and make further comments and corrections, as is appropriate. 8. Once all reviews and corrections are made, the CAFO will sign all appropriate returns for filing. 9. All returns will then be filed either electronically or paper copy with the appropriate government agency. A copy of each return is to be kept in the Accounting department and a copy of the 990 and 990-T will be kept at corporate headquarters for public display and copying, as requested.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year, Asante mails to all Asante Management, key employees, and Board Members a Conflict of Interest Questionaire to comply with Asante's Conflict of Interest Policy# 400-LD-034 and 036. The purpose of the policy is to protect Asante's interests when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a board member or officer of the corporation. In addition, all Asante employees have an obligation to disclose conflicts of interest or potential conflicts to their supervisor. The Corporate Compliance Officer is responsible for administering, monitoring, and investigating any possible conflicts and makes an annual report to the Board of Directors.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Compensation Committee of the Board of Directors annually reviews the compensation of the CEO and other key employees. The review compares the compensation of the CEO and other key employees with compensation data for job incumbents in comparable positions at other healthcare organizations of similar size and scope. The data is provided and presented to the Compensation Committee by an outside consultant. The Compensation Committee sets the actual annual cash compensation for the CEO and the salary ranges for the other key employees. The Committee also sets total compensation opportunity for the CEO and each of the key employees, consistent with the executive compensation philosophy. Minutes of the Committee deliberations and decisions are recorded and maintained. The most recent executive compensation review was completed in 2009.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ORGANIZATIONS WEBSITE, OR UPON REQUEST

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

DLN: 93493223010080

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization

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

93-0223960 **Identification of Disregarded Entities** Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Asante Community Services LLC 2650 Siskiyou Blvd ASANTE MEDICAL BILLING 0 OR medford, OR 97504 57-1181752 Asante Three Rivers Community Hospital LLC 2650 Siskiyou Blvd ASANTE MEDICAL BILLING OR 0 medford, OR 97504 57-1181758 **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity ASANTE FOUNDATION ASANTE 2650 SISKIYOU BLVD **FUNDRAISING** OR 501(C)(3) 11a type I MEDFORD, OR97504 93-6087366 SOUTHERN OREGON INSURANCE COMPANY ASANTE 745 FORT STREET SUITE 800 CAPTIVE INSURANCE ΗI 501(C)(3) 11a type I HONOLULU, HI96813 20-1578637

Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	trolling y Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of-year assets		Disprop allocat	rtionate	(I) Code V—UBI amount on Box 20 of K-1	General o managing partner?	
										Yes	No		Yes	No
ROGUE VALLEY SLEEP CENTER 555 BLACK OAK DRIVE STE 300 MEDFORD, OR97504 73-1733282	SLEEP STUDY	OR	ASANTE	RELATED			46,331		102,068		No		Yes	
AIM REAL PROPERTY LLC														
2650 SISKIYOU BLVD MEDFORD, OR97504 71-0994008	REAL ESTATE	OR	ASANTE	INVESTMENT		-	23,355		277,097		No		Yes	
Down IV. I down if it is a fine of Dol	O	- 4! T	hl C-											
Part IV Identification of Rel (A) Name, address, and EIN of related organization	(B)		Cable as a Co	(C) Legal domicile (state or foreign country)	Direct of	(D) controlling entity	(I Type o (C corp, or tr	S corp,	(F) Share of total Income		(G) Share of nd-of-ye assets			

Part V Transactions with R	Related Organizations
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Note. Complete line 1 if any entity is listed in Parts II, III or IV		1	Yes	N		
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	1a	а		N		
b Gift, grant, or capital contribution to other organization(s)	1b	b		N		
c Gift, grant, or capital contribution from other organization(s)	10	c ì	Yes			
d Loans or loan guarantees to or for other organization(s)	10	d		N		
e Loans or loan guarantees by other organization(s)	1e	е	\Box	N		
f Sale of assets to other organization(s)	1f	F	\dashv	N		
g Purchase of assets from other organization(s)	19	g		N		
h Exchange of assets	1h	h		N		
i Lease of facilities, equipment, or other assets to other organization(s)	1i	i		N		
j Lease of facilities, equipment, or other assets from other organization(s)		j	\dashv	N		
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	k		N		
I Performance of services or membership or fundraising solicitations by other organization(s)	11	ı		N		
m Sharing of facilities, equipment, mailing lists, or other assets						
n Sharing of paid employees	1n	n \	Yes			
• Reimbursement paid to other organization for expenses	10	0	\dashv	N		
p Reimbursement paid by other organization for expenses	1p	р	\Box	N		
q Other transfer of cash or property to other organization(s)	19	9	\dashv	N		
r Other transfer of cash or property from other organization(s)	1r	r		N		

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) ASANTE FOUNDATION	С	2,446,955
(2) ASANTE FOUNDATION	N	542,279
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

EIN: 93-0223960

Name: ASANTE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>									
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Roy Vinyard , President & CEO	40 00	Х		Х				974,412	0	112,948
R RAY HEYSELL , CHAIRPERSON	2 00	Х						0	0	0
WILLIAM THORNDIKE , VICE CHAIR	2 00	X						0	0	0
TIM ALFORD , SECRETARY	2 00	Х						0	0	0
CAROL CLARK MAYFIELD , TREASURER	2 00	Х						0	0	0
DAVID ABDUN-NUR MD , BOARD MEMBER	2 00	X						0	0	0
ROGER BERNARD , BOARD MEMBER	2 00	Х						0	0	0
ALAN BINETTE MD , BOARD MEMBER	2 00	X						0	0	0
GAYLE BYRNE , BOARD MEMBER	2 00	Х						0		0
KENT DAUTERMAN MD , BOARD MEMBER	2 00	×						0	0	0
THOMAS R MCGILLOWAY , BOARD MEMBER	2 00	X						0	0	0
ALVIN SPEARS , BOARD MEMBER	2 00	X						0	0	0
JAMES M WRIGHT , BOARD MEMBER	2 00	Х						0	0	0
Paul Janke , Former CEO - TRCH	40 00			Х				298,648	0	57,259
Marvin Haas , Chief Admin and Finance	40 00			Χ				272,225	0	78,650
Kent Brown , CEO - Rogue Valley Medc	40 00			Χ				274,562	0	102,764
GREGG EDWARDS , CH PEOPLE OFFICER	40 00			х				196,757	0	40,788
MARK HETZ , CH INFO OFFICER	40 00			Χ				227,420	0	48,184
WIN HOWARD, CURRENT CEO/TRCH	40 00			Х				155,679	0	34,903
Charles Carmecı MD , Cardıologıst	40 00					Х		619,374	0	30,687
David Folsom MD , cardiologist	40 00					Х		614,874	0	30,640
Bryan Sohl MD , Obstetrics	40 00					Х		456,695	0	33,449
Roger Hall MD , cardiologist	40 00					Х		381,952	0	28,397
George Wilkinson MD , cardiologist	40 00					Х		378,135	0	20,924

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

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	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 HOSPITAL SERVICES	621,500	464,138,815	462,186,850	1,951,965	
b ASANTE COMMUNITY SVCS	621,990	12,184,543	12,019,014	165,529	
c HEARTHSTONE	623,000	8,494,681	8,494,681		
d ROGUE VALLEY RX	446,110	5,677,985		5,677,985	
e SOTES	621,300	484,335	484,335		