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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TUALITY HEALTHCARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
335 SE EIGHTH AVENUE

City or town, state or country, and ZIP + 4
HILLSBORO, OR 97123

D Employer identification number
93-0430029

E Telephone number
(503) 681-1579

G Gross receipts $ 170,816,992

F Name and address of principal officer
Richard Stenson
335 SE 8th Avenue
Hillsboro, OR 97123

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www tuality org

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

L Year of formation 1954

M State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE ATTACHED STATEMENT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	1,518
6	Total number of volunteers (estimate if necessary)	6	309
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	371,716
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-195,784

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	830,704	799,179
9	Program service revenue (Part VIII, line 2g)	170,192,547	169,030,638
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,567,118	987,175
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,590,369	170,816,992
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	360,458	317,873
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	86,562,369	87,135,352
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	82,212,141	85,568,667
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	169,134,968	173,021,892
19	Revenue less expenses Subtract line 18 from line 12	3,455,401	-2,204,900

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	138,794,261	137,608,918
21	Total liabilities (Part X, line 26)	62,593,466	67,246,311
22	Net assets or fund balances Subtract line 21 from line 20	76,200,795	70,362,607

Part II Signature Block

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

Sign Here

****** | 2010-08-23
Signature of officer | Date

Manuel Berman COO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lester L Fordham	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FORDHAM GOODFELLOW LLP 233 SE Second Ave Hillsboro, OR 971234016			EIN ▶ Phone no ▶ (503) 648-6651

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

Tuality Healthcare's Mission is to provide health care to the community with respect for human dignity and without regard for the recipient's ability to pay We believe that compassion encourages healing, that knowledge is the foundation of wellness, and that attention to quality and fiscal stability will enable us to continue to service the community

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 168,618,073 including grants of $ 317,873) (Revenue $ 169,030,638)

SEE SCHEDULE ATTACHED

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 168,618,073 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	193		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,518		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	10		
b	Enter the number of voting members that are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☑ Another's 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 ▶

Tim Fleischmann - TUALITY HEALTHCAR
335 SE EIGHTH AVE
HILLSBORO, OR 97123
(503) 681-1570

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RICHARD STENSON CEO, PRESIDENT	40 00	X		X		X		320,911	0	0
JOHN COLETTI JR VP HEALTH CARE DEVELOPME	40 00	X		X		X		339,145	0	0
MANUEL BERMAN CHIEF OPERATING OFFICER	40 00	X		X		X		234,422	0	0
EUNICE RECH CHIEF CLINICAL OFFICER	40 00	X		X		X		157,595	0	0
TIM FLEISCHMANN CHIEF FINANCIAL OFFICER	40 00	X		X		X		156,147	0	0
WILLIAM POWELL BOARD OF DIRECTORS	5 00	X						24,000	0	0
FRED NACHTIGAL BOARD OF DIRECTORS	50	X						0	0	0
PETER RAPP BOARD OF DIRECTORS	50	X						0	0	0
MIKE FOGLIA BOARD OF DIRECTORS	50	X						0	0	0
EUGENE ZURBRUGG VICE-CHAIRPERSON	50	X						0	0	0
LEN BERGSTEIN BOARD OF DIRECTORS	50	X						0	0	0
CHARLES ROSENBLATT BOARD OF DIRECTORS	50	X						0	0	0
MIKE HUNDLEY CHAIRPERSON	50	X						0	0	0
MARK ROSENBAUM BOARD OF DIRECTORS	50	X						0	0	0
DARELL LUMACO SECRETARY/TREASURER	50	X						0	0	0
JOHN AUSTIN PHYSICIAN	40 00					X		375,445	0	0
NECHOL ALLEN PHYSICIAN	40 00					X		177,885	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JULIE OLDS PHYSICIAN	40 00					X		214,963	0	0
SYLVANA BENNETT PHYSICIAN	40 00					X		199,850	0	0
DENNIS LIU PHYSICIAN	40 00					X		130,025	0	0
1b Total . . . . . ▶								2,330,388	0	0

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 10

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUND INPATIENT PHYSICIANS 1123 PACIFIC AVENUE TACOMA, WA 98402	CONTRACT HOSPITALISTS	1,053,180
OHSU CARDIOLOGY DIVISION 3181 SW SAM JACKSON SCHOOL RD PORTLAND, OR 97239	CONTRACT CARDIOLOGY PHYSICIANS	965,912

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	799,179			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		799,179			
			Business Code				
Program Service Revenue	2a	NONMCR/MCD HOSP REV		142,561,339	142,561,339		
	b	CAFETERIA		683,252			683,252
	c	MANAGEMENT FEES	541,610	188,004		188,004	
	d	BILLING SERVICE FEES	518,210	183,712		183,712	
	e						
	f	All other program service revenue		25,414,331	25,414,331		
	g	**Total.** Add lines 2a–2f		169,030,638			
	3	Investment income (including dividends, interest and other similar amounts)		904,430			904,430
	4	Income from investment of tax-exempt bond proceeds		82,745			82,745
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		170,816,992	167,975,670	371,716	1,670,427

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	317,873	317,873		
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	1,265,930		1,265,930	
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	67,320,150	67,320,150		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,612,805	3,612,805		
9 Other employee benefits	8,445,855	8,302,337	143,518	
10 Payroll taxes	6,490,612	6,380,319	110,293	
11 Fees for services (non-employees)				
a Management				
b Legal	217,930	85,337	132,593	
c Accounting	98,966		98,966	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	9,841,613	9,841,613		
12 Advertising and promotion	460,060	460,060		
13 Office expenses	1,075,964	937,963	138,001	
14 Information technology				
15 Royalties				
16 Occupancy	7,269,354	7,269,354		
17 Travel	307,457	286,177	21,280	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,545	3,318	15,227	
20 Interest	1,848,108	1,848,108		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,997,696	8,097,926	899,770	
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES	21,118,313	21,091,365	26,948	
b BAD DEBT EXP - DIRECT W	18,595,287	18,595,287		
c EQUIPMENT RENTAL AND MA	5,482,126	5,473,575	8,551	
d PROFESIONAL FEES	4,279,011	3,399,853	879,158	
e INSURANCE	2,574,841	2,317,357	257,484	
f All other expenses	3,383,396	2,977,296	406,100	
25 **Total functional expenses.** Add lines 1 through 24f	173,021,892	168,618,073	4,403,819	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	3,520,079	1	17,451,246
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	33,097,349	4	24,448,224
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	1,893,735	7	1,240,312
	8	Inventories for sale or use	2,474,109	8	2,513,984
	9	Prepaid expenses and deferred charges	3,304,483	9	2,807,914
	10a	Land, buildings, and equipment cost basis — 10a: 135,684,592			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 90,088,629	50,377,121	10c	45,595,963
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	32,100,345	12	29,108,198
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,027,040	15	14,443,077
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	138,794,261	16	137,608,918
Liabilities	17	Accounts payable and accrued expenses	26,909,699	17	32,502,586
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	33,922,583	20	30,548,037
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	946,831	23	2,866,685
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	814,353	25	1,329,003
	26	**Total liabilities.** Add lines 17 through 25	62,593,466	26	67,246,311
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	76,079,395	27	70,112,407
	28	Temporarily restricted net assets	121,400	28	250,200
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76,200,795	33	70,362,607
	34	Total liabilities and net assets/fund balances	138,794,261	34	137,608,918

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

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

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

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 93-0430029
Name: TUALITY HEALTHCARE

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	21,118,313	21,091,365	26,948	
BAD DEBT EXP - DIRECT W	18,595,287	18,595,287		
EQUIPMENT RENTAL AND MA	5,482,126	5,473,575	8,551	
PROFESIONAL FEES	4,279,011	3,399,853	879,158	
INSURANCE	2,574,841	2,317,357	257,484	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection 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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ 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 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	2,407,626			2,407,626
b Buildings	54,506,333		37,043,311	17,463,022
c Leasehold improvements	1,759,467		664,181	1,095,286
d Equipment	77,011,166		52,381,137	24,630,029
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				45,595,963

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other SECURITIES AND OTHER INVESTMENTS	29,108,198	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	29,108,198	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	14,197,677
INTEREST IN NET ASSETS OF FOUNDATION	245,400
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,443,077

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
AFFILIATES	1,329,003
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,329,003

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	170,816,992
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	173,021,892
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,204,900
4	Net unrealized gains (losses) on investments	4	-1,227,487
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,405,801
9	Total adjustments (net) Add lines 4 - 8	9	-3,633,288
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,838,188

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

1	Total revenue, gains, and other support per audited financial statements			1	172,184,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,227,487		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,594,495		
e	Add lines **2a** through **2d**			2e	1,367,008
3	Subtract line **2e** from line **1**			3	170,816,992
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	170,816,992

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	172,126,700
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	172,126,700
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	895,192		
c	Add lines **4a** and **4b**			4c	895,192
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	173,021,892

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN INTEREST IN NET ASSETS UNDER FAS 136 128800 DIRECT WRITE OFF IN EXCESS OF GAAP BAD DEBT EXPENSE 895115 ROUNDING 29 EQUITY INCOME NET OF DISTRIBUTIONS OF JT VENTURES 2587455 NET ASSETS RELEASED FROM RESTRICTION 7100 CHANGE IN MINIMUM PENSION LIABILITY UNDER FAS 158 -6024300
Part XII, Line 2d - Other Adjustments		EQUITY INCOME FROM JOINT VENTURES & SUBSIDIARIES 2587455 ROUNDING -60 NET ASSETS RELEASED FROM RESTRICTION 7100
Part XIII, Line 4b - Other Adjustments		DIRECT WRITE OFF METHOD IN EXCESS OF BAD DEBTS EXPENSE 895115 ROUNDING 77

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

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

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

7 Charity Care and Certain Other Community Benefits at Cost

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

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

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

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

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

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Tuality Healthcare 335 SE 8th Ave Hillsboro, OR 97123	X	X					X		
Tuality Urgent Care at Reedville 7545 SE Tualatin Valley Hwy Hillsboro, OR 97123								X	
Tuality Healthplace 1200 NE 48th Ave Ste 7000 Hillsboro, OR 97123									OP therapy
Tuality Forest Grove Hospital 1809 Maple St Forest Grove, OR 97116	X	X					X		
TualityOHSU Cancer Center 299 SE 9th Ave Hillsboro, OR 97123									OP radiation therapy
Tuality Home Health 3201 19th Ave Ste F Forest Grove, OR 97116									Home health services
Orenco Station Medical plaza 6355 NE Cornell Rd Hillsboro, OR 97123									MOB
Tuality 8th Avenue Medical Plaza 364 SE 8th Ave Hillsboro, OR 97123									MOB
Tuality 7th Avenue Medical Plaza 333 SE 7th Ave Hillsboro, OR 97123									MOB
Tuality Forest Grove Medical Plaza 3201 19th Ave Forest Grove, OR 97116									MOB
Hillsboro Internal Medicine 364 SE 8th Ave Ste 301 Hillsboro, OR 97123									Physician offices
North Plains Medical Clinic 10245 NW Glencoe Rd North Plains, OR 97133									Physician offices
Northwest Ortho Surgery & Sport Medicine 21255 NW Jacobson Re Ste 500 Hillsboro, OR 97124									Physician offices
Tuality Obstetrics & Gynecology 364 SE 8th Ave Ste 205 Hillsboro, OR 97123									Physician offices
Westside Medical Clinic 21255 NW Jacobson Re Ste 500 Hillsboro, OR 97124									Physician offices

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

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

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

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

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)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULEVARIOUS VARIOUS,OR 12345			317,873				VARIOUS COMMUNITY AND HEALTH ENRICHMENT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 69

3 Enter total number of other organizations . . . ▶ 77

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Internal records document the award of grants or assistance and the intended use

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD STENSON	(i) (ii)	278,910		42,001			320,911	
JOHN COLETTI JR	(i) (ii)	319,145		20,000			339,145	
MANUEL BERMAN	(i) (ii)	190,423		43,999			234,422	
EUNICE RECH	(i) (ii)	141,621		15,974			157,595	
TIM FLEISCHMANN	(i) (ii)	156,147					156,147	
JOHN AUSTIN	(i) (ii)	358,945		16,500			375,445	
NECHOL ALLEN	(i) (ii)	161,915		15,970			177,885	
JULIE OLDS	(i) (ii)	203,783		11,180			214,963	
SYLVANA BENNETT	(i) (ii)	183,350		16,500			199,850	
	(ii)							
	(i)							
	(ii)							
	(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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 93-0430029
Name: TUALITY HEALTHCARE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD STENSON	(I) (II)	278,910		42,001			320,911	
JOHN COLETTI JR	(I) (II)	319,145		20,000			339,145	
MANUEL BERMAN	(I) (II)	190,423		43,999			234,422	
EUNICE RECH	(I) (II)	141,621		15,974			157,595	
TIM FLEISCHMANN	(I) (II)	156,147					156,147	
JOHN AUSTIN	(I) (II)	358,945		16,500			375,445	
NECHOL ALLEN	(I) (II)	161,915		15,970			177,885	
JULIE OLDS	(I) (II)	203,783		11,180			214,963	
SYLVANA BENNETT	(I) (II)	183,350		16,500			199,850	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospital Facility Authority of Hillsboro Oregon	93-0430029	432101CY7	08-01-2004	27,220,000	Refund of Series 1993 Bonds		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A copy of the 990 is reviewed by Tuality Healthcare's Chief Financial Officer It is then presented to the Tuality Healthcare Board of Directors for review, prior to being filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy by making it part of the employee's annual review Board members are also required to review the policy annually All afore said parties are required to certify that they have read the conflict of interest policy, have disclosed any potential conflicts of interest, and agree to immediately notify the Compliance Officer if a conflict should arise Corrective actions are to be taken immediately to address any conflicts of interest

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive group's compensation is periodically reviewed every 3-5 yrs by an independent party, at the direction of the board of directors The Tuality Healthcare HR department annually reviews compensation for all others

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's tax returns are made available for public inspection on the following website Guidestar org Governing documents are made available upon written request to the Chief Financial Officer of Tuality Healthcare

Identifier	Return Reference	Explanation
		Tuality Healthcare's board of directors and officers of the organization are responsible for overseeing the financial audit and selection of qualified auditors

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TUALITY HEALTHCARE

Employer identification number
93-0430029

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Tuality Healthcare Foundation 334 SE 8th Avenue Hillsboro, OR97123 93-0751507	Charitable Foundation	OR	501(C)(3)	11a	N/A
Tuality Property Management PO Box 309 Hillsboro, OR97123 93-0840810	Exempt Organization Property Management	OR	501(C)(2)	N/A	N/A

Part III Identification of Related Organizations Taxable as a Partnership

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

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Tuality Management Systems Inc 335 SE 8th Avenue Hillsboro, OR97123 93-0840778	Other Medical Services	OR	Tuality Healthcare	C	100	100	100 000 %

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Tuality Management Systems Inc	K	188,004
(2)			
(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 or managing partner?	
			Yes	No		Yes	No		Yes	No

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
TUALITY HEALTHCARE	Form 990 Page 10	93-0430029

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	8,997,696
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	8,997,696
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☑ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☑ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					**25**			
26 Property used more than 50% in a qualified business use								
PROPERTY PLANT AND E	2009-03-15	100 000 %			0 0	S/L-HY	8,997,696	
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 .					**28**		8,997,696	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report . .				**44**	

TUALITY HEALTHCARE
93-0430029

Form 990, Part III, line 4a

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The organization's primary exempt purpose is to provide cost-effective comprehensive high quality health care to members of the community.

Tuality Healthcare is a licensed 215-bed hospital and health services provider operating in Washington County, Oregon. The Company operates its hospital at two locations, Tuality Community Hospital in Hillsboro, Oregon and Tuality Forest Grove Hospital in Forest Grove, Oregon. In addition to acute care hospital services, the Company provides a wide array of outpatient diagnostic and treatment services throughout western Washington County.

In fiscal 2009, these facilities provided care for 24,756 in-patient acute care days, 42,416 emergency room visits, 17,751 urgent care visits, and 8,242 home health visits.

Please see attached Community Benefit report for a description of programs and charity care provided by Tuality Healthcare.

Our Partners in 'Building a Healthier Community' Include:

- ATRIO Health Plans
- Community Action
- Essential Health Clinic
- Forest Grove School District
- Hillsboro School District
- Hospice & Palliative Care of Washington County
- LifeWorks Northwest
- Pacific University
- Project Access NOW
- Tuality Learning Tree Day School
- Virginia Garcia Memorial Health Center
- Virginia Garcia Hillsboro Clinic
- Washington County Health Department

All About the Community

Tuality Healthcare dedicates sponsorship funds and hundreds of volunteer hours each year to some of the area's most popular events and activities including Hillsboro Tuesday Marketplace, Forest Grove Farmers Market, Concours d'Elegance, Washington County Fair, Celebrate Hillsboro, Oregon International Air Show, and many others.

Tuality Healthcare

Building a healthier community

335 SE 8th Ave.
Hillsboro, OR 97123
503-681-1662

www.tuality.org

2009 Community Benefit Report

Tuality Healthcare

Building a healthier community

A message from Dick Stenson, president & CEO

In both prosperous and difficult times, Tuality Healthcare's mission serves as an invaluable guide for our community efforts (see right).

Tuality believes that living up to these inspiring words requires looking beyond our own resources. To "provide health care to this community" takes the coordinated expertise of community agencies. In short, it takes partnerships.

That's why we continually and proudly join together with Community Action, Project Access NOW, the Essential Health Clinic, city and county government agencies, school districts, and other groups to help strengthen our local safety net.

Our alliance with Pacific University and Virginia Garcia Memorial Health Center—all cornerstones of Hillsboro's Health & Education District—also helps Tuality to focus on today's important needs while we plan to address long-term community health issues.

Another crucial aspect of our mission is its focus on fiscal stability. In an era of rising costs and declining insurance and government coverage, Tuality continues to operate as efficiently as possible without sacrificing vital services. This enables us to continue serving all who come through our doors, regardless of their ability to pay.

The economic challenges of this past year have tested our community in many ways. Yet, it is heartening to see how our friends and neighbors continue to support those in need.

This annual publication offers a brief look at some of the ways we join in this support—activities and financial contributions that are guided by Tuality's continuing dedication to our mission, partnerships and fiscal responsibility.

On behalf of your friends and neighbors at Tuality Healthcare, thank you for your ongoing trust and support as we continue to fulfill our vital community mission.

The mission of Tuality Healthcare

To provide health care to the community with respect for human dignity and without regard for the recipient's ability to pay.

We believe that compassion encourages healing, that knowledge is the foundation of wellness, and that attention to quality and fiscal stability will enable us to continue service to the community.

to provide Tualitynet, more information on telephone assistance line in 2003

allocated during 2002 to Tuality's Partnership for Success program, which promotes health outreach through local faith communities

"Tuality has been a champion for making our family event a reality and has been among the very first participants to sign up each year. We publicize in our ads and fliers that free health screenings will be available and that helps to draw more people in. The Tuality people keep attendees engaged and offer direct benefits right on the spot."

—Leslie De Vries
Director of Client
Kiwanis Family
Health and Safety Day

Reaching out to promote wellness

It just makes sense—prevention equals better health and less costly health care. As a community, we all benefit when our residents stay on the path of wellness and off the fast track to the emergency room.

It's why Tuality continually supports outreach activities that give families the means to understand and manage their own wellness efforts. For instance, we regularly "set up shop" at our community's most popular and festive events, where our nurses and other clinical experts offer thousands of blood pressure checks, cholesterol screenings and similar services each year. It's all about helping people get the knowledge they need to make informed health decisions.

Offering 'group support' for community needs

As a hospital organization, our primary job is to meet patients' immediate medical, surgical and other clinical needs. But what about helping people get on with their lives? Keeping our community healthy sometimes means giving people a forum to share their experiences and learn from others with the same challenges.

It's why we offer more than a dozen support groups, many of which are sustained by generous donors to the Tuality Healthcare Foundation. Weathered by clinical experts or former group members, participants gain understanding, encouragement and wise counsel on the challenges that most of us will face at some time in our lives – managing a chronic disease, assisting an aging parent, coping with being a first-time mother, and many others.

to create Tuality Local Coach in 2002, offering transportation for patients to and from medical appointments

to coordinate enrollment of uninsured individuals in the Oregon Health Plan during 2008

"Knowing that other parents are experiencing the same issues makes there so much easier to deal with. I like that it offers more than just a play group. There's a different topic every week and I always find something of value. Plus, the socialization is great."

– Heather Morrison about Tuality's "Movers & Shakers" support group

paid in 2008 to help physicians to provide total care for uninsured patients who are treated at Tuality's emergency departments

to fund training and therapy services for local high school athletes in 2008

We could not begin to meet our patients' healthcare needs without Tuality, and that's a fact. It goes beyond dollars — Tuality offers its services with dedication, compassion and respect. Even as patient acuity has changed, Tuality has steadfastly continued their support and service to Essential Health Clinic, our patients and our community."

— Sheila M. Hale, Executive Director, Essential Health Clinic

Partnering to care for the uninsured

Since its earliest "Jones Hospital" days, Tuality has dedicated itself to providing medical services to people of all incomes. This dedication also drives our continued support for the community's "safety net" services.

For instance, Tuality is a founding partner of the Essential Health Clinic, a remarkable community collaboration that offers free, high-quality medical care for low-income, uninsured families facing a myriad of health issues. Our clinical professionals volunteer their time to the clinic, while Tuality donates thousands of dollars each year in laboratory testing, X-rays and other diagnostic imaging services – all to help some of our most vulnerable families get this "essential" care.

Advancing education for better health

Even on the internet a person can't always get up-to-date information isn't always just a Google search away. When it comes to health and medical knowledge, the Tuality Health Information Resource Center (THIRC) fulfills this important community need.

In the tradition of Tuality's long-time support for our schools and community education, the center offers in-depth answers to questions on human anatomy, chronic disease, childbirth and parenting, and so much more. Run by the Washington County Cooperative Library Services system, the center includes a wealth of technology resources and expert staff members who are always ready to assist with information searches and help visitors research their way to better health.

invested in 2008 for Tuality staff. It provides learning opportunities for nurses, paramedics, pharmacy students, dental hygienists and others.

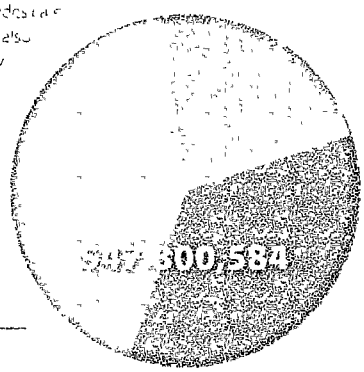
"They have been absolutely key in helping me expand my researching skills. I've made me aware of new research resources, and help me access the full text of studies. If I need a hard-to-find resource, I go to them first. They have really helped 'maximize' me in researching and in my writing career."

—Tami M. Dibert
Tuality Health Information Resource Center staff

2009 Summary

Tuality Healthcare 'Returns the Favor' ...

Every day of the year, as Tuality provides care and services for our patients, we are also contributing back to the community in numerous ways. Although some of these efforts cannot easily be assigned dollar values, many of them do. Here are some of the major financial commitments that Tuality has made to meet local healthcare needs during the 12 months ending Sept. 30, 2009.



Charity care
$7,442,034

In accordance with the principles of the Oregon Health Action Campaign, Tuality provides free or discounted healthcare services for people who do not have health insurance or other financial means to pay.

Unpaid costs of Oregon Health Plan and Medicaid programs
$3,601,118

The state of Oregon pays for certain health care services, but does not cover all of Tuality's full costs to provide them.

Non-billed community services
$2,513,653

Tuality funds programs and services designed to improve overall community health and to respond to the needs of specific at-risk segments, such as persons with limited insurance coverage and access to care.

Oregon Hospital Provider Tax
$946,474

Tuality pays a fee that is used with payments from other Oregon hospitals to generate federal Medicaid matching funds. Combined, these pooled monies help fund the Oregon Health Plan.

Unpaid costs of Medicare
$16,521,270

The federal government guarantees that certain healthcare services will be provided for Medicare patients, but does not supply Tuality with full funding to meet the costs of providing them.

Uncollectibles
$15,826,825

Tuality is unable to collect payment from patients for healthcare services that were provided.

Physician practice development
$3,368,794

Tuality invests funds to recruit and retain appropriate physician specialists, in response to ever-changing community healthcare needs.

Volunteer hours
$77,418

Our network of hospitals provides hours of labor which Tuality uses to provide support for its patients.

Total
$47,300,584

All financial data provided above is audited.

Grants Allocations

Recipient	Address	Amount
A CHILD'S PLACE	1340 E Main St Hillsboro, OR 97123	$ 150
ALPHAGRAPHICS	7235 NW Evergreen Pkwy, Suite 800, Hillsboro, OR 97124	1,702
AMERICAN CANCER SOC - CO	330 SW Curry St, Portland, OR 97239	250
AMERICAN CANCER SOC SS	330 SW Curry St, Portland, OR 97239	225
AMERICAN CAREER SOCIETY	330 SW Curry St, Portland, OR 97239	250
AMERICAN HEART ASSOC	1200 NW Nato Prkway, Ste #220, Portland, OR 97209	2,000
AP HILLSBORO SCHOOLS	5193 NE Elam Young Parkway-Ste A, Hillsboro, OR 97124	1,500
AP HS FOUNDATION	5193 NE Elam Young Parkway-Ste A, Hillsboro, OR 97124	200
AP ROTARY CLUB OF MCMI	2700 Three Mile Lane, McMinnville, OR 97128	250
ARC OF OREGON	PO Box 14231, Portland, OR 97293	100
BOYS AND GIRLS CLUBS	PO Box 820127, Portland, OR 97282	10,000
BREAST FRIENDS	180 Allen Road NE, Ste 305-North, Atlanta, GA 30328	530
CASCADE MEDICAL TEAM FOUNDATIO	PO Box 1545, Eugene, OR 97440	2,500
CASECADE PACIFIC COUNCIL	2145 SW Front, Portland, OR 97201	250
CENTRO CULTURAL OF WASH COUNTY	PO Box 708, Cornelius, OR 97113	1,030
CITY OF HILLSBORO 150	150 E Main St, Hillsboro, OR 97123	5,000
CITY OF HILLSBORO 4400	4400 NW 229th, Hillsboro, OR 97124	5,000
COHO PAC	825 NE Multnomah, Suite 300, Portland, OR 97232	7,408
COMMUNITY ACTION ORGANIZATION	1001 SW Baseline, Hillsboro, OR 97123	12,500
CORNELIUS BOOSTERS SCHOLARSHIP	586 S 12th, Cornelius, OR 97113	25
ESSENTIAL HEALTH CLINIC	3700 SW Murray Ste #250, Beaverton, OR 97005	1,500
FOREST GROVE CHAMBER OF COMM	2417 Pacific Ave, Forest Grove, OR 97116	1,350
FOREST GROVE FARMERS MARKET	2420 19th Ave, Forest Grove, OR 97116	2,000
FOREST GROVE ROTARY	PO Box 387, Forest Grove, OR 97116	160
FOREST GROVE SR CENTER	PO Box 784, Forest Grove, OR 97116	3,000
H A R T	PO Box 552, Hillsboro, OR 97123	1,000
HILLSBORO CHAMBER OF COMMERCE	5193 NE Elam Young Parkway-Ste A, Hillsboro, OR 97123	6,500
HILLSBORO COMMUNITY ARTS	PO Box 3303, Hillsboro, OR 97123	500
HILLSBORO COMMUNITY FOUNDATION	527 E Main St, Hillsboro, OR 97123	500
HILLSBORO KIWANIS	PO Box 311, Hillsboro, OR 97123	530
HILLSBORO ROTARY CLUB	PO Box 473, Hillsboro, OR 97123	400
HILLSBORO ROTARY FOUNDAT	PO Box 1264, Hillsboro, OR 97123	425
HILLSBORO TUESDAY MARKETPLACE	PO Box 611, Hillsboro, OR 97123	7,500
INTER-RELIGIOUS ACTION NETWORK	3700 SW Murray Blvd Suite 190, Beaverton, OR 97005	500
JACKSON BOTTOM WETLANDS PRESER	2600 SW Hillsboro Hwy, Hillsboro, OR 97123	500
KIWANIS CLUB	15065 NW Aberdeen Dr, Portland, OR 97229	250
KOMEN FOUNDATION 1400	1400 SW 5th Ave Ste 530, Portland, OR 97201	2,500
KUIK RADIO	PO Box 566, Hillsboro, OR 97123	2,075
LARA MEDIA SERVICES	3800 NE Sandy Blvd , Ste 201, Portland, OR 97232	250
LIBRARY FOUNDATION/HILLSBORO	775 SE 10th, Hillsboro, OR 97123	500
LITHTEX PRINTING	377 E Main St, Hillsboro, OR 97123	400
MULTIPLE SCLEROSIS FOUNDATION	PO Box 6090, De Pere, WI 54115-6090	100
NATL COMMITTEE QUALITY AS	1100 13th St NW, Ste 1000, Washington, D C 20005	605
NORTH PLAINS CHAMBER COMMERCE	PO Box 152, North Plains, OR 97133	2,500
NW PARISH NURSE MINISTRIES	PO Box 152, North Plains, OR 97133	500
OHSU CANCER INSTITUTE	PO Box 974, North Plains, OR 97133	250
OICF	17600 Pacific Highway, Davignon Hall, Marylhurst, OR 97036	1,500
OR CHAPTER OF THE ACC	PO Box 55424, Portland, OR 97238	3,000
OREGON ASSN OF HOSPITALS	4000 Kruse Way Place, Bldg 2, Suite 100, Lake Oswego, OR 97035	25
OREGON CENTER FOR NURSING 5000	5000 N Willamette Blvd, MSC 192, Portland, OR 97203	250
OREGON HEALTH CAREER CENTER	25195 SW Pkwy Ave #204, Wilsonville, OR 97070	1,394
OREGON HEALTH FORUM INC	PO Box 2942, Portland, OR 97208	4,000
OREGON INTERNATIONAL AIRSHOW	PO Box 37, Hillsboro, OR 97123	7,500
OREGON STATE TROOPER MAGAZINE	655 N A St , Ste E, Springfield, OR 97477-4670	50
OSU FOUNDATION	161 Milam Hall, Corvallis, OR 97331	250
PACIFIC UNIVERSITY	2043 College Way, Forest Grove, OR 97116	5,000
PARTNERS FOR A HUNGRY FREE OR	4110 SE Hawthorne Blvd, Portland, OR 97214	1,000

Grants Allocations

PAYPAL MIKEPROGRAM	P O Box 91194, Portland, OR 97291	500
PAYPAL OREGONHEALT	Unknown	74
PCC YES CAMPAIGN	PMB 312 25 NW 23rd Place #6, Portland, OR 97210	2,000
PROJECT ACCESS NOW	PO Box 109530, Portland, OR 97296	232
PROSCHOOLS COM	Unknown	324
SHAPE UP ACROSS OREGON	4614 SW Kelly Ave #100, Portland, OR 97239	2,000
SOLV	5193 NE Elam Young Prkway, Ste B, Hillsboro, OR 97124	1,750
SOROPTIMIST INTERNATIONAL OF H	PO Box 645, Hillsboro, OR 97123	250
SPECIAL OLYMPICS - OR	PO Box 2886, Portland, OR 97208	100
STAND LEADER CNTR	516 SE Morrison St , Ste 420, Portland, OR 97214	250
TRUECAST DESIGN STUDIO	157 E Ash St, Lebanon, OR 97355	159
TRUST FOR HEALTCARE EXCEL	9427 SW Barnes Rd, Suite 590, Portland, OR 97225	145
TUALITY HEALTH ALLIANCE	PO Box 548, Hillsboro, OR 97123	10,000
UNCORKED-THE OR WINE/ART AUCT	1271 NE 99W, Box 200, McMinnville, OR 97128	1,500
VERNONIA CARES FUN RUN	PO Box 126, Vernonia, OR 97064	250
VIRGINIA GARCIA CLINIC	PO Box 1283, Hillsboro, OR 97123	174,815
VIRGINIA GARCIA MEMORIAL FOUND	PO Box 486, Cornelius, OR 97113	1,000
WALTERS, GLEN & VIOLA CULTURAL	527 E Main St, Hillsboro, OR 97123	3,000
WAPATO SHOWDOWN	PO Box 507, Gaston, OR 97119	90
WASH CO BTC	21785 SW TV Hwy, Aloha, OR 97006	50
WASHINGTON COUNTY	1400 SW Walnut St, Hillsboro, OR 97123	7,500
WESTERN FARM WORKERS ASSOC	725 SE 7th, Hillsboro, OR 97123	250
WESTSIDE ECONOMIC ALLIANCE	10220 SW Nimbust Ave, Ste #k12, Portland, OR 97223	500
Total	Balance to GL	**$ 317,873**