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**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization’s mission

Samaritan Pacific Health Services (SPHS) is a member of Samaritan Health Services (SHS), a regional network of hospitals, physicians and senior care facilities. The network, formed in the late 1990's, serves approximately 290,000 residents in Linn, Benton, Lincoln and portions of Polk and Marion counties in Oregon. It is locally owned, and its boards of directors include hospital leaders, physicians and community representatives. SPHS provides healthcare services regardless of race, color, creed, sex, national origin, disability or age. The mission of SPHS is to enhance community health and achieve high value through quality services across a continuum of care. The collective vision of the SHS system is to be a values-driven organization governed by community members, physicians and other health care providers. SHS seeks to be the first choice of consumers in the region and to lead collaborative efforts among those who share similar goals.

**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.

<b>4a</b>	(Code ) (Expenses \$ 52,192,098 including grants of \$ ) (Revenue \$ 58,087,466 )
	Program Services. Samaritan Pacific Health Services (SPHS) includes a critical-access hospital and several medical clinics providing health care for residents and tourists throughout a 270-square-mile area in Lincoln County. SPHS has over 450 employees and 100 volunteers. During 2009, SPHS served 1,250 inpatients, had 12,539 emergency department visits, performed 2,140 surgeries, and delivered 189 babies. In addition, SPHS performed 59,071 imaging procedures, had 10,905 home health/hospice visits, and had 60,320 physician clinic visits.









<b>4b</b>	(Code ) (Expenses \$ 335,817 including grants of \$ 335,817 ) (Revenue \$ 279,436 )
	The Senior Companion Program is a program sponsored, in part, by Samaritan Pacific Health Services. The purpose of the program is to improve the lives of frail elderly and younger disabled neighbors allowing them to stay in their own familiar surroundings for as long as safely possible. A Senior Companion provides companionship and transportation to appointments, social events, or personal errands. The Senior Companion Program served 50 people in 2009. The Foster Grandparent Program uses senior volunteers age 55 and older to help children in schools, child care centers and Head Start classrooms. Foster Grandparent volunteers encourage children with one-on-one support by listening to a child read, having lunch with a child or listening to a child talk about a new concept or idea. The program served 104 children in 2009.

<b>4c</b>	(Code ) (Expenses \$ 36,750 including grants of \$ 36,750 ) (Revenue \$ )
	Grants. Grants made by Samaritan Pacific Health Services to various organizations to benefit the community. See Part IX, Line 1, and related Schedule I for grants greater than \$5,000.

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> \$ 52,564,665
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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	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a60		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a573		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	No
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	0
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	No
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	No
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	Enter the number of voting members that are independent . . .		
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	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	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? . . . . .	10b	No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	Other officers or key employees of the organization . . . . .	15b	No
	If "Yes" to line a or b, 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
16b	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SAMARITAN PACIFIC HEALTH SERV 903 ABBEY STREET NEWPORT, OR 97365 (541) 574-4824

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's **current** key employees. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN BURNS MD BOARD MEMBER	1.00	X						0	0	0
RICHARD NORTH MD PHYSICIAN	40.00					X		287,159	0	34,731
NANCY LEONARD BOARD SECRETARY	1.00	X		X				0	0	0
MORISHTAMEGUMI M PHYSICIAN	0					X		216,981	0	22,910
LARRY A MULLINS DHA CHAIR/CEO SHS	6.00	X		X				0	775,558	273,203
KEITH HARCOURT MD BOARD MEMBER	1.00	X						0	0	0
JERRY L FLAMING MD PHYSICIAN	40.00					X		217,937	0	21,720
GERALD BUTLER MD PHYSICIAN	40.00					X		455,322	0	26,878
FRED V SCHNEIDER MD PHYSICIAN	40.00					X		249,348	0	20,154
DAVID TRIEBES V-CHAIR/CEO AGH	1.00	X		X				0	237,248	55,725
DAVID C BIGELOW CEO	40.00			X				0	177,426	34,356
DANIEL B SMITH VP FIN/CFO SHS	6.00			X				0	224,381	41,101
BONNIE SAXTON BOARD MEMBER	1.00	X						0	0	0
BARBARA DAVIDSON BOARD MEMBER	1.00	X						0	0	0



<b>1b</b>	<b>Total</b> . . . . .	1,426,747	1,414,613	530,778
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**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶39

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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
WAMPLER LARRY DO 611 SE 3RD STREET NEWPORT, OR 97365	Medical Services	588,927
T Gerding Construction Co PO Box 1082 Corvallis, OR 97339	Construction	1,289,212
PETERSON MICHAEL MD PO BOX 1985 NEWPORT, OR 97365	MEDICAL SERVICES	568,684
Northwest Emergency Physicians Inc 505 South 336th St 600 Federal Way, WA 98003	Emergency Physicians	1,457,679
Central Coast Internal Medicine 775 SW 9th St Suite B Newport, OR 97365	Hospitalist Services	664,715

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶13

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					
	e	Government grants (contributions)	1e	1,010,775				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	320				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			1,011,095			
Program Service Revenue			Business Code					
	2a	Net patient svc rev	900,099	56,180,820	56,180,820			
	b	DURABLE MEDICAL EQP	446,199	2,745,756	2,077,811	667,945		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			58,926,576			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			13,460		13,460	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents	164,796					
		b Less rental expenses	38,667					
		c Rental income or (loss)	126,129					
	d	Net rental income or (loss) . . . . .			126,129		126,129	
	7a	(i) Securities		(ii) O ther				
		Gross amount from sales of assets other than inventory		28,611				
		b Less cost or other basis and sales expenses		41,902				
		c Gain or (loss)		-13,291				
	d	Net gain or (loss) . . . . .			-13,291		-13,291	
	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 . . .			0			
	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 . . .			0				
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 . . .			0				
Miscellaneous Revenue		Business Code						
11a	RELEASE OF INFO	561,000	30,430	30,430				
b	MISC REVENUE	900,099	77,641	77,641				
c	CAFETERIA	722,210	164,289			164,289		
d	All other revenue . . . . .		200	200				
e	Total. Add lines 11a-11d . . . . .			272,560				
12	Total revenue. See Instructions . . . . .			60,336,529	58,366,902	667,945	290,587	

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	36,750	36,750		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	335,817	335,817		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	26,618,602	25,220,780	1,293,715	104,107
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,165,708	1,104,494	56,655	4,559
9	Other employee benefits . . . . .	4,514,985	4,277,890	219,437	17,658
10	Payroll taxes . . . . .	2,122,800	2,011,326	103,172	8,302
11	Fees for services (non-employees)				
a	Management . . . . .	25,980		25,980	
b	Legal . . . . .	10,081		10,081	
c	Accounting . . . . .	2,669			2,669
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	4,612,573	4,585,703	26,870	
12	Advertising and promotion . . . . .	17,691		17,691	
13	Office expenses . . . . .	2,062,244	1,886,248	147,952	28,044
14	Information technology . . . . .	1,437,182		1,437,182	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	998,757	928,086	60,664	10,007
17	Travel . . . . .	134,353	124,664	9,518	171
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	134,135	108,941	25,194	
20	Interest . . . . .	55,135		55,135	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,106,930	1,090,880	7,205	8,845
23	Insurance . . . . .	1,095,454	1,013,068	82,386	
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	PURCHASED SERVICES	4,675,871	790,085	3,876,951	8,835
b	MEDICAL SUPPLIES	6,954,429	6,939,976	14,453	
c	DUES, TAXES, & LICENSING	67,593	55,794	11,789	10
d	BAD DEBT	2,054,163	2,054,163		
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	60,239,902	52,564,665	7,482,030	193,207
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			3,485	1	197,207
	2	Savings and temporary cash investments . . . . .			3,922,307	2	379,611
	3	Pledges and grants receivable, net . . . . .				3	0
	4	Accounts receivable, net . . . . .			10,062,077	4	8,445,968
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	13,960
	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	0
	7	Notes and loans receivable, net . . . . .			36,256	7	52,774
	8	Inventories for sale or use . . . . .			1,671,256	8	1,977,761
	9	Prepaid expenses and deferred charges . . . . .			131,796	9	165,434
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,116,379	4,945,713	10c	5,330,239
	b	Less accumulated depreciation . . . . .	10b	3,786,140			
	11	Investments—publicly traded securities . . . . .				11	0
	12	Investments—other securities See Part IV, line 11 . . . . .				12	0
	13	Investments—program-related See Part IV, line 11 . . . . .				13	0
	14	Intangible assets . . . . .			425,926	14	407,407
	15	Other assets See Part IV, line 11 . . . . .			478,282	15	3,141,560
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			21,677,098	16	20,111,921	
Liabilities	17	Accounts payable and accrued expenses . . . . .			4,408,772	17	4,531,217
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	9,325
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial 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 . . . . .			282,303	23	1,249,350
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			10,679,167	25	7,918,546
	26	Total liabilities. Add lines 17 through 25 . . . . .			15,370,242	26	13,708,438
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			6,306,856	27	6,403,483
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			6,306,856	33	6,403,483
	34	Total liabilities and net assets/fund balances . . . . .			21,677,098	34	20,111,921

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization SAMARITAN PACIFIC HEALTH SERVICES	Employer identification number 93-1329784
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. 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—2009. 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—2008. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> SAMARITAN PACIFIC HEALTH SERVICES	<b>Employer identification number</b> 93-1329784
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

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

Part III

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(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) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		1,270,048	189,296	1,080,752
c Leasehold improvements . . . . .				
d Equipment . . . . .		7,764,202	3,596,844	4,167,358
e Other . . . . .		82,129		82,129
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				5,330,239



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	60,336,529
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,239,902
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	96,627
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	96,627

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	60,375,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	38,563
e	Add lines 2a through 2d . . . . .	2e	38,563
3	Subtract line 2e from line 1 . . . . .	3	60,336,529
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	60,336,529

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	60,278,465
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	38,563
e	Add lines 2a through 2d . . . . .	2e	38,563
3	Subtract line 2e from line 1 . . . . .	3	60,239,902
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	60,239,902

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. Also complete this part to provide any additional information.

Identif ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rent expenses netted with rent revenues \$38563
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Rent expenses netted with rent revenues \$38563

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
SAMARITAN PACIFIC HEALTH SERVICES

**Employer identification number**  
93-1329784

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

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) . . . .	7	2,529	1,516,624		1,516,624	2 520 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .	6	20,415	7,762,557	6,999,957	762,600	1 270 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .	13	22,944	9,279,181	6,999,957	2,279,224	3 780 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	20	2,087	72,200		72,200	0 120 %
f Health professions education (from Worksheet 5) . . . .	7	114	351,538		351,538	0 580 %
g Subsidized health services (from Worksheet 6) . . . .	17	82,749	14,754,672	10,270,463	4,484,209	7 440 %
h Research (from Worksheet 7)	1	30	214		214	
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	17	786	390,103		390,103	0 650 %
j <b>Total</b> Other Benefits . . . .	62	85,766	15,568,727	10,270,463	5,298,264	8 800 %
k <b>Total.</b> Add lines 7d and 7j . . . .	75	108,710	24,847,908	17,270,420	7,577,488	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	1	7	37,178		37,178	0.060 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	3	39	2,167		2,167	
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	4	46	39,345		39,345	0.070 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	21,116,809		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	335,394		
4Provide 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, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	515,046,097		
6Enter Medicare allowable costs of care relating to payments on line 5	614,897,126		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7148,971		
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
9aDoes the organization have a written debt collection policy?	9aYes		
9bIf "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.	9bYes		

Part IVManagement Companies and Joint Ventures

(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

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)
SAMARITAN PACIFIC DIALYSIS CTR 957 SW COAST HWY 101 NEWPORT, OR 97365									MEDICAL CLINIC
COASTAL MOBILE IMAGING 930 SW ABBEY ST NEWPORT, OR 97365									MOBILE IMAGING
SAMARITAN ORTHOPEDIC SURGEONS 1010 SW COAST HWY SUITE 101 NEWPORT, OR 97365									MEDICAL CLINIC
SAMARITAN PACIFIC INTERNAL MED 1010 SW COAST HWY SUITE 201 NEWPORT, OR 97365									MEDICAL CLINIC
SAMARITAN WALDPORT CLINIC 150 SW ARROW WALDPORT, OR 97394									MEDICAL CLINIC
SAMARITAN TOLEDO CLINIC 199 NW BUSINESS HWY 20 TOLEDO, OR 97391									MEDICAL CLINIC
SAM PACIFIC ENT & ALLERGY 904 SW BAY ST NEWPORT, OR 97365									MEDICAL CLINIC
SAMARITAN DEPOE BAY CLINIC 531 NW HWY 101 SUITE A DEPOE BAY, OR 97341									MEDICAL CLINIC
SAMARITAN PACIFIC SURG ASSOC 929 SW BAY ST NEWPORT, OR 97365									MEDICAL CLINIC
SAM PACIFIC WOMENS HEALTH GRP 775 SW NINTH STREET SUITE H NEWPORT, OR 97365									MEDICAL CLINIC
SAM OCCUPATIONAL MED-NEWPORT 775 SW 9TH ST SUITE E NEWPORT, OR 97365									PHYSICIAN CLINIC
SAM PACIFIC WALK-IN CLINIC 930 SW ABBEY ST SUITE F NEWPORT, OR 97365									MEDICAL WALK-IN CLINIC
SAMARITAN PACIFIC HEALTH SERV 930 SW ABBEY ST NEWPORT, OR 97365	X	X			X		X		



Part VI

Supplemental Information

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

The filing organization submits an annual community benefit report to the State of Oregon In addition, the parent organization, Samaritan Health Services (SHS) provides an annual report to the community that includes community benefit reporting for the system as a whole

Physician clinics meeting the definition of subsidized health services were included in the reporting for line 7g The portion of net community benefit expense related to these clinics is \$2,680,174

The costing methodology used to calculate the amounts reported in Schedule H, Part I, line 7a and 7b is a cost-to-charge ratio derived using Worksheet 2, Ratio of Patient Care Cost-to-Charges from the Schedule H instructions For line 7g, a combination of the cost-to-charge ratio and cost accounting system calculations is used since not all services are tracked in the cost accounting system

The costing methodology used to calculate bad debt expense (at cost) on line 2 of Part III is based on the facility cost-to-charge ratio, in conjunction with Worksheet A from the Schedule H, Part III instructions Line 3 represents an estimate of the amount of cost included in Line 2 (bad debt expense at cost) that reasonably could be attributable to patients who likely would qualify for financial assistance under the organization's charity care policy, but for whom the organization was not able to obtain sufficient information to make a determination The methodology used to estimate this potential charity care cost is based on financial assistance applications denied due to incomplete documentation, multiplied by the average charity care write-off for approved applications Samaritan Pacific Health Services (SPHS), includes Samaritan Pacific Communities Hospital (SPCH) one of five hospitals of Samaritan Health Services (SHS) As a network, SHS prepares its financial statements on a consolidated basis Footnote 1(r) from the audited consolidated financial statements entitled "Provision for Uncollectible Accounts" describes bad debt expense as follows "SHS provides for an allowance against patient accounts receivable for amounts that could become uncollectible SHS estimates this allowance based on the aging of accounts receivable, historical collection experience by payor, and other relevant factors There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments to be made by patients with insurance coverage and business practices related to collection efforts These factors continuously change and can have an impact on collection trends and the estimation process used by SHS "

Total Medicare allowable costs reported on Part III, Section B, line 6 is calculated by utilizing Worksheet B in the Schedule H instructions in conjunction with amounts taken directly from the filing organization's Medicare cost report The cost report includes activity for Medicare fee-for-service patients but not Medicare managed care patients

Per hospital guidelines, if a patient is determined to qualify for financial assistance prior to sending an account to collections, the charity write-off is processed and no collection attempt is made If an account is already in collections and Medicaid eligibility is deemed active during the account date of service, no further collection attempt will be made

None

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves  
Samaritan Pacific Health Services (SPHS) actively participates in assessing the health care needs of the community SPHS works closely with the Community Health Improvement Partnership (CHIP) Coordinator to conduct a comprehensive needs assessment every few years The CHIP Coordinator facilitates the needs assessment process in alignment with the Oregon Pacific Area Health Education Center (OPAHEC) and several community partners Both quantitative and qualitative data are collected by the Coordinator and OPAHEC staff from county residents to help identify needs and establish priorities for the community This process includes telephone surveys, focus groups, community forums and personal interviews with several community members from throughout Lincoln County

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

The organization is committed to providing highest quality healthcare services to all, regardless of their ability to pay If qualifications are met, patients' care may be provided free or at a reduced cost The determination is based in part on poverty income guidelines issued by the U S Department of Health and Human Services Once a completed financial questionnaire has been submitted, individuals/families at or below 200 percent of the established Federal Poverty Level (FPL) could be eligible to receive free or discounted care (charity care) The organization informs and educates patients and community members by publishing information regarding all financial assistance options on its website, in addition to in person at the Registration area, and through clearly identified materials located in the Registration area

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves  
Samaritan Pacific Health Services (SPHS) operates Samaritan Pacific Communities Hospital (SPCH), a critical-access hospital located in Newport that primarily serves the residents in southern Lincoln County Located on a primarily rural portion of Oregon's central coast, Lincoln County is home to 44,700 residents Within Lincoln County, the large tribal population is disproportionately burdened by health inequities There are 4,660 enrolled tribal members of the Confederated Tribes of Siletz Indians, of which 21.6% live in Lincoln County Lincoln County lacks a major metropolitan area and consists of many small communities scattered throughout the region Newport is the county seat and has a population of 10,600 Lincoln City is the second largest town and has a population of 7,930 The median income for Lincoln County is \$50,000, with 16.8% living below the federal poverty level Thirty-eight percent of the population lives in rural unincorporated areas and 14.7% of residents are uninsured Samaritan North Lincoln Hospital, located in Lincoln City, is a sister hospital in northern Lincoln County serving local residents Lincoln County is designated as a Medically Underserved Population and the Migrant Seasonal Farmworker population has been designated a Primary Medical Care Health Provider Shortage Area by the Health Resources and Services Administration The Siletz Community Health Clinic, which serves the 3,666-acre reservation of the Confederated Tribes of Siletz Indians, is a designated Health Provider Shortage Area

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  
SPHS provides services and activities that are classified as community building SPHS leads disaster preparedness drills with local agencies and staff participation in support services for homeless families in the community SPHS staff serve on many local coalitions and boards that promote the health of the community The nursing staff spend many hours speaking to local faith groups and recruiting Parish Nurses

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.)  
SPHS's governing board is comprised of local-area residents and officers of affiliated organizations The majority of the board members are independent, meaning they and their family members are not employees of SPHS nor do they have significant business relationships with SPHS SPHS extends its medical staff privileges to all qualified physicians in the community SPHS applies surplus funds to improve patient care, medical education and research SPHS invests in updating equipment, technology and facilities to improve patient care SPHS is accredited for continuing medical education and offers frequent programs for area physicians and other health professionals The Center for Health Research and Quality, a department of SPHS's parent company, Samaritan Health Services (SHS), provides administrative oversight for health and clinical research, quality improvement projects and studies and other sponsored activities for SPHS and its affiliated hospitals SPHS also provides scholarships for students and employees in health occupations and contributes financially to the Oregon Coast Community College

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served  
"Building Healthier Communities Together" is the commitment of, and the motivation for, Samaritan Health Services (SHS), a network of Oregon hospitals, physicians, and senior care facilities that serves the health care needs of people in the mid-Willamette Valley and the Central Oregon Coast As the individual entities of SHS came together to build healthier communities, they were drawn by a shared mission "to enhance community health and achieve high value through quality services across the continuum of care." That means SHS looks carefully at local health care needs, and it gives thoughtful consideration to the most effective ways to meet those needs The result is a rich mix of local and centralized regional services which provide high value and excellent healthcare for people at all stages of their lives Services are provided to all individuals, regardless of their ability to pay The collective vision of SHS is to successfully operate as a values-driven, church-related organization governed by a partnership of community members, physicians and other health care providers SHS seeks to lead collaborative efforts among providers, employers, health plans and consumers who share similar goals and values to meet the challenges of the future Samaritan Pacific Communities Hospital is one of two Critical Access Hospitals of SHS primarily serving residents of south Lincoln County Other affiliated hospitals are Good Samaritan Hospital serving residents of Benton County, Samaritan Albany General Hospital and Samaritan Lebanon Community Hospital, serving residents of Linn County, and Samaritan North Lincoln Hospital, serving residents of north Lincoln County

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAMARITAN PACIFIC HEALTH SERVICES

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
93-1329784

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LINCOLN CTY HEALTH & HUMAN SVC36 SW NYE ST NEWPORT,OR 97365	936002304	501(c)(3)	6,300	0			Social Service Program Support
lincoln county food share 535 NE 1st St NEWPORT,OR 97365	930793059	501(c)(3)	6,300	0			Food bank

2

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

2

3

Enter total number of other organizations . . . . .

0



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SAMARITAN PACIFIC HEALTH SERVICES

Employer identification number  
93-1329784

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are 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		
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?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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:		
5a	The organization?	Yes	
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		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) Retirement and other 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 reportable compensation				
RICHARD NORTH MD	(i) (ii)	284,034	828	2,297	17,139	17,592	321,890	
MORISHITAMEGUMI M	(i) (ii)	200,392	16,170	419	14,371	8,539	239,891	
LARRY A MULLINS DHA	(i) (ii)	580,833	150,000	44,725	252,971	20,232	1,048,761	
JERRY L FLAMING MD	(i) (ii)	205,085	10,126	2,726	13,088	8,632	239,657	
GERALD BUTLER MD	(i) (ii)	449,230		6,092	17,230	9,648	482,200	
FRED V SCHNEIDER MD	(i) (ii)	247,764		1,584	2,692	17,462	269,502	
DAVID TRIEBES	(i) (ii)	224,900		12,348	32,710	23,015	292,973	
DAVID C BIGELOW	(i) (ii)	161,893		15,533	11,243	23,113	211,782	
DANIEL B SMITH	(i) (ii)	203,379		21,002	15,895	25,206	265,482	

**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
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Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

<b>Name of the organization</b> SAMARITAN PACIFIC HEALTH SERVICES	<b>Employer identification number</b>  93-1329784
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Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			YesNo

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
MEGUMI MORISHITA MD MD RECRUITMENT PACKAGE		X	40,000	13,960		No	Yes		Yes	
Total . . . . . ▶ \$			13,960							

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				YesNo

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
SAMARITAN PACIFIC HEALTH SERVICES

Employer identification number  
93-1329784

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Financial statements are made available upon request System-wide summarized data is also provided in the Annual Report to the Community This report is made available in all kiosks and high-traffic areas of all hospitals and physician clinics, as well as community places such as the public library It is also distributed to the Boards of Directors and directly mailed to donors and new residents in the community Additionally, the report is made available at all events, community outreach projects, and screenings attended throughout the year Governing documents are available to the public upon request
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Board Member Conflicts of Interest The members of the Board must annually complete a Conflict of Interest questionnaire, which requires disclosure of any conflicts or potential conflicts of interest The completed questionnaires are reviewed by the Chief Financial Officer and Corporate Compliance Officer If a conflict is disclosed that could prohibit a member from serving on the Board, this is evaluated by the Audit and Compliance Committee of the Samaritan Health Services (SHS) Board of Directors to determine whether the member should continue to serve on the Board If a conflict is disclosed that does not prohibit a member from serving on the Board, the conflict is managed through a process set forth in the organization's Bylaws The Bylaws prohibit any Board member from voting on an action where an individual member has a conflict of interest Employee Conflicts of Interest The SHS Code of Ethics and Conduct Policy requires that all SHS Employees complete an annual disclosure of potential conflicts of interest Through the Human Resources software, Performance Manager, the disclosure requirement notice is assigned to all employees and by year end all tasks are to be completed If there is a perceived conflict of interest it is reviewed by the Corporate Compliance Officer, Legal Counsel and/or Senior Management Actual conflicts of interest are reviewed and discussed by the Audit and Compliance Committee of the Samaritan Health Services Board of Directors
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the organization's final Form 990 (including required schedules), as ultimately filed with the IRS, was provided to each voting member of the Samaritan Health Services (SHS) Audit and Compliance Committee prior to its filing with the IRS SHS is a 501(c)(3) corporation and is the sole member of the filing organization SHS's Chief Financial Officer conducted the Form 990 review with the committee and provided time for questions from the group A formal report of this committee has been made to the full Board of Directors of SHS
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Samaritan Pacific Health Services elects members of its Board of Directors Those elected members are then submitted to the sole corporate member for approval
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Samaritan Pacific Health Services has a sole corporate member, Samaritan Health Services, Inc , which is a Section 501(c)(3) tax-exempt organization



## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

93-1329784

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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

See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No			
See Additional Data Table											

Part IV

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

(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
Samaritan Health Plans Inc 3600 NW Samaritan Drive Corvallis, OR97330 93-0860860	Health Insurance Carrier for the Community	OR	N/A	C Corp			

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	InterCommunity Health Plans Inc	k	243,798
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID: 09000047

Software Version: 2009v1.3

EIN: 93-1329784

Name: SAMARITAN PACIFIC HEALTH SERVICES

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
FirstCare MEDICAL FOUNDATION  PO BOX 3000 CORVALLIS, OR973393000 93-0932697	MEDICAL SEVICES FOR THE COMMUNITY	OR	501(C)(3)	9	N/A
Samaritan Senior Care Inc  PO Box 3000 Corvallis, OR973393000 93-1245534	Provide Health Care for Seniors	OR	501(c)(3)	9	N/A
Samaritan North Lincoln Hospital  3043 NE 28th Street Lincoln City, OR97367 93-1305493	Hospital Services for the Community	OR	501(c)(3)	3	N/A
Samaritan Health Services Inc  PO Box 3000 Corvallis, OR973393000 93-0951989	Provide Healthcare Support Services	OR	501(c)(3)	11c, III-FI	N/A
Paradigm Indemnity Corporation  PO Box 3000 Corvallis, OR973393000 73-1668317	Pure non-profit captive insurance company	HI	501(c)(3)	11a, I	N/A
Mid-Valley HealthCare Inc  PO Box 3000 Corvallis, OR973393000 93-0396847	Hospital Services for the Community	OR	501(c)(3)	3	N/A
Lebanon Community Hospital Foundation  PO Box 739 Lebanon, OR97355 93-1260080	To support Lebanon Community Hospital	OR	501(c)(3)	7	N/A
InterCommunity Health Plans Inc  PO Box 3000 Corvallis, OR973393000 93-1124326	Serve Oregon Health Plan for Medicaid	OR	501(c)(4)	N/A	NA
Good Samaritan Hospital Foundation  PO Box 1068 Corvallis, OR97339 23-7252406	SUPPORT GOOD SAMARITAN HOSPITAL	OR	501(c)(3)	7	N/A
Good Samaritan Hospital Corvallis  PO Box 3000 Corvallis, OR973393000 93-0391573	Hospital Services for the Community	OR	501(c)(3)	3	N/A
FirstCare Health Foundation  PO Box 3000 Corvallis, OR973393000 93-0900124	To support affiliated exempt entities	OR	501(c)(3)	11b, II	N/A
Albany General Hospital Foundation  1046 Sixth Avenue Albany, OR97321 93-0712890	To support Albany General Hospital	OR	501(c)(3)	7	N/A
Albany General Hospital  PO Box 3000 Corvallis, OR973393000 93-0110095	Hospital Services for the Community	OR	501(c)(3)	3	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
MID-VALLEY MEDICAL BUILDINGS LLC  PO BOX 557 LEBANON, OR97355 93-1126353	RE RENTAL	OR	NA	N/A				No			No
MID-VALLEY MEDICAL PROPERTIES ASSOC LLC  1046 SIXTH AVENUE SW ALBANY, OR97321 30-0508747	RE RENTAL	OR	NA	N/A				No			No
CORVALLIS MRI A JOINT VENTURE  3615 NW SAMARITAN DRIVE CORVALLIS, OR973303737 93-0949704	IMAGING	OR	NA	N/A				No			No
CBASAM LLC  PO BOX 433 LINCOLN CITY, OR97367 93-1314523	RE RENTAL	OR	NA	N/A				No			No
Valley Mobile Imaging LLC  3600 NW Samaritan Drive Corvallis, OR97330 93-1299195	IMAGING	OR	NA	N/A				No			No
Samaritan Open MRI LLC  3600 NW Samaritan Drive Corvallis, OR97330 20-8346225	Imaging	OR	NA	N/A				No			No
Samaritan Endoscopy Center LLC  3600 NW Samaritan Drive Corvallis, OR97330 20-2860067	Med Service	OR	NA	N/A				No			No
Hull Imaging LLC  3600 NW Samaritan Drive Corvallis, OR97330 20-3255479	Imaging	OR	NA	N/A				No			No
East Linn MRI LLC  3600 NW SAMARITAN DRIVE CORVALLIS, OR97330 32-0229399	Imaging	OR	NA	N/A				No			No
Corvallis Medical Buildings LLC  3600 NW Samaritan Drive Corvallis, OR97330 93-1257913	RE RENTAL	OR	NA	N/A				No			No
Coastal Mobile Imaging LLC  3615 NW Samaritan Drive Corvallis, OR973303737 33-1023186	Imaging	OR	NA	Related	-472			No			No