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DLN: 93493049017884

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public

_{Form}990 ®

Department of the Treasury

The organization may have to use a conviof this return to satisfy state reporting requirements

The composition of the composit	e E Telepho (503) G Gross ro H(a) Is this a group affiliates? H(b) Are all affiliate	「Yes ▼ No s included? 「Yes ▼ No
Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suit PO BOX 4484 City or town, state or country, and ZIP + 4 PORTLAND, OR 97208 F Name and address of principal officer K RENA WHITTAKER C/O 1919 NW LOVEJOY STREET PORTLAND, OR 97209 ▼ 501(c)(3)	e E Telepho (503) G Gross ro H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach	17276 Ine number 415-5600 ecceipts \$ 10,483,987 return for
Number and street (or P O box if mail is not delivered to street address) Room/suit PO BOX 4484 City or town, state or country, and ZIP + 4 PORTLAND, OR 97208 F Name and address of principal officer K RENA WHITTAKER C/O 1919 NW LOVEJOY STREET PORTLAND, OR 97209 F 501(c)(3)	e E Telepho (503) G Gross ro H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach	return for Yes V No s included? Yes V No
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K RENA WHITTAKER C/O 1919 NW LOVEJOY STREET PORTLAND, OR 97209 ▼ 501(c)(3)	affiliates? H(b) Are all affiliate	「Yes ▼ No s included? 「Yes ▼ No
C/O 1919 NW LOVEJOY STREET PORTLAND, OR 97209 F 501(c)(3)	H(b) Are all affiliate If "No," attach	s included?
V S01(c)(3)	If "No," attach	
N LEGACYHEALTH ORG ✓ Corporation	If "No," attach	
N LEGACYHEALTH ORG ✓ Corporation	H(c) Group exempt	a list (see instructions)
✓ Corporation Trust Association Other ►	II(C) Group Grompt	ion number ▶
mary	L Year of formation 19	69 M State of legal domicile OF
•	•	•
LOGY IN MEDICAL SCIENCE AT LEGACY GOOD SAMARITAN HOS	PITAL & MEDICAL ĆE	NTER
f voting members of the governing body (Part VI, line 1a)		3 16
		4 13
		5 0
		6 60
		7a 0
ated business taxable income from Form 990-T, line 34		7b
	Prior Year	Current Year
	3,114,9	2,867,591
		0
		7,611,101
evenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	1	.00
		5,065
	5,012,5	
	5,012,5 4,726,7	10,483,757
and similar amounts paid (Part IX, column (A), lines 1-3)s paid to or for members (Part IX, column (A), line 4)	5,012,5	10,483,757 734 7,462,989
and similar amounts paid (Part IX, column (A), lines 1-3)	5,012,5	10,483,757 734 7,462,989 0
and similar amounts paid (Part IX, column (A), lines 1-3)s paid to or for members (Part IX, column (A), line 4)	5,012,5	10,483,757
and similar amounts paid (Part IX, column (A), lines 1-3)s paid to or for members (Part IX, column (A), line 4)s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e)	5,012,5	10,483,757 734 7,462,989 0
and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines	5,012,5	10,483,757 734 7,462,989 0
and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)	5,012,5	10,483,757 734 7,462,989 0 0
and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,012,5 4,726,7 4,726,7	10,483,757 734 7,462,989 0 0 0 734 7,462,989
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and similar amounts paid (Part IX, column (A), lines 1–3)s paid to or for members (Part IX, column (A), line 4)s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e)draising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a–11d, 11f–24e)xpenses Add lines 13–17 (must equal Part IX, column (A), line 25) teless expenses Subtract line 18 from line 12	4,726,7 4,726,7 285,8 Beginning of Current Year	10,483,757 734 7,462,989 0 0 0 734 7,462,989 365 3,020,768 nt End of Year
and similar amounts paid (Part IX, column (A), lines 1–3)s paid to or for members (Part IX, column (A), line 4)s, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e)draising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a–11d, 11f–24e)xpenses Add lines 13–17 (must equal Part IX, column (A), line 25) release expenses Subtract line 18 from line 12	5,012,5 4,726,7 4,726,7 285,8 Beginning of Currer Year 82,759,4	10,483,757 734 7,462,989 0 0 0 734 7,462,989 365 3,020,768 nt End of Year
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	ISHMENT IN 1969 THE FOUNDATION SUPPORTS THE ADVANCEM LOGY IN MEDICAL SCIENCE AT LEGACY GOOD SAMARITAN HOS us box if the organization discontinued its operations or disposed of of voting members of the governing body (Part VI, line 1a)	outions and grants (Part VIII, line 1h)

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

. TYes No

Par	t III	Statement of Program S Check if Schedule O contains				
1	Briefl	y describe the organization's m				
G00 IN 1	D SAM 969 TI	ARITAN FOUNDATION HAS I HE FOUNDATION SUPPORTS T LEGACY GOOD SAMARITA	ENCOURAGED CHA THE ADVANCEMEN	T OF RESEARCH, EDU		
2	the pr	e organization undertake any s ior Form 990 or 990-EZ? .				┌ Yes ┌ No
		s," describe these new services				
3	servic	e organization cease conductings?			ucts, any program	┌ Yes ┌ No
4	Descr expen	the the organization's program ses Section 501(c)(3) and 50 tal expenses, and revenue, if ar	service accomplishm 1(c)(4) organizations	are required to report th		
4a	THE A SAMAI PACIF SERVI SERVI PHILA 2,311 HEALT SCRE SUPPO OTHE COLLA PROGE DISEA EDUC	E) (Expenses S SAMARITAN FOUNDATION HAS ENCOLO DVANCEMENT OF RESEARCH, EDUCAT IC NORTHWEST'S OLDEST AND MOST ICES, WITH SPECIAL EMPHASIS ON ITS ICES* HEART SERVICES* LEGACY HOS NTHROPIC CONTRIBUTIONS SUPPORT 1,672SOME OF THE SPECIFIC PROJECT H CENTER * PURCHASED A CARTO 3 ENINGS AND EXAMINATIONS AT DEVEF DRT FOR LEGACY HOSPICE SERVICES R FINANCIAL RESOURCES * SUPPORT ABORATIVE PROJECT TO STUDY THE D' RAMS IN COCHLEAR IMPLANTATION * SES * PROVIDED SCHOLARSHIPS FOR ATION FOR LEGACY GOOD SAMARITAN DRTED THE OPERATIONS OF GREEN G	JRAGED CHARITABLE GIVITION, AND TECHNOLOGY IN 1875 BY THE EPISCOPAL ADVANCED MEDICAL CENTICES EXCELLENCY PICE SERVICES* LEGACY ED PROGRAMS IN THREE SEVICES FUNDED IN THIS YEAR SEYE INSTITUTE FOR PASTROMER OF THE REMODEL OF THE YEAR SUPPORTED THE ACCELES INSSING STUDENTS AS MEDICAL CENTER STAFF	N MEDICAL SCIENCE AT LEGA DIOCESE OF OREGON, STANIFERS LEGACY GOOD SAMARIE, INCLUDING * CANCER SEFESEARCH INSTITUTE* REHAMAJOR AREAS PATIENT CAREWERE AS FOLLOWS * PURCHIO ENHANCE PATIENT CARE WITHOUT INSURANCE ON ASSISTANCE AND DURABLE LEGACY GOOD SAMARITAN IN OF THE OPTIC NERVE HEALTON OF NEW RESEARCH FENDING THE LINFIELD-GOO	CY GOOD SAMARITAN MEDICAL CENTIONS IN THE HEART OF NORTHWEST POTAN PROVIDES A FULL RANGE OF INPACYICES* CRITICAL CARE* DEVERS EYE BILITATION INSTITUTE OF OREGONIN A TRAINING ASED THREE NEW 3D MAMMOGRAPHY VITH ADVANCED CATHETER LOCATION OF OR OTHER FINANCIAL RESOURCES OR OTHER FINANCIAL RESOURCES OR OTHER CANCER CARE UNIT * SUPPORTED THE ESTABLISHMENT ON THE CONNECTION BETWEEN ADEN OF SAMARITAN SCHOOL OF NURSING *	ER LEGACY GOOD RTLAND AS ONE OF THE JIENT AND OUTPATIENT E INSTITUTE * DIABETES FISCAL YEAR 2013, \$ 709,278RESEARCH \$ UNITS FOR THE BREAST * SUPPORTED * PROVIDED OPERATING VITHOUT INSURANCE OR PORTED A NEW OF NEW RESEARCH OSINE AND NEUROLOGICAL SUPPORTED CONTINUING
41-	(Code) (Eypongo d		uncluding amorts of th) (Payanya d	```
4b	(Code	e) (Expenses \$	•	including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses s	5	including grants of \$) (Revenue \$)
4d	Othe	r program services (Describe i	n Schedule O)			
	(Exp	enses \$	including grants of	\$) (Revenue \$)
4e	Tota	l program service expenses 🕨	7,462,989			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	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"	11b	Yes	
C	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	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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	Yes	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı		1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \P	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		163	14
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		N
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N
	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		N
b	If "Yes," enter the name of the foreign country			
	See instructions for 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		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	za rest, maleute the name of other med daming the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		,
f	contract?	7e 7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	\vdash		
9	required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
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		l _N
9	Sponsoring organizations maintaining donor advised funds.	l °		l in
	Did the organization make any taxable distributions under section 4966?	9a		l N
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
.0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		N
-	Note. See the instructions for additional information the organization must report on Schedule O	1.Ja		Ľ
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ĺΝ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Η.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 16			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who 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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
12				
13	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written whistleblower policy?		Yes Yes	
13 14 15	Did the organization have a written document retention and destruction policy?	13		
14 15	Did the organization have a written document retention and destruction policy?	13		
14 15 a	Did the organization have a written document retention and destruction policy?	13	Yes	
14 15 a	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes	
14 15 a b	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes	No
14 15 a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
14 15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed ►OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KATHY SLININGER 1919 NW LOVEJOY STREET PORTLAND, OR (503)415-5600

Part VIII 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h an or/tr	chec , unle offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ROBERT W BIRGE	1 00	Х		х				0	0	0
Secretary (2) ANTHONY J MELARAGNO MD	0 00									
EX-OFFICIO	1 00 40 00	х						0	446,032	107,389
(3) ANNE T GREER	1 00	,,							144 272	22.702
ASST SECRETARY	40 00	Х						0	144,372	32,783
(4) PATRICIA M GIANELLI	1 00	Х						0	208,008	49,727
ASST TREASURER	40 00	^_						ŭ	200,000	45,121
(5) K RENA WHΠTAKER	40 00	x		х				0	144,215	27,725
EX-OFFICIO	5 00			^				ŭ ,	111,213	
(6) MAUREEN A BRADLEY	1 00	x						0	293,638	39,299
EX-OFFICIO	40 00								,	<u>,</u>
(7) DOUGLAS E STRAND	1 00	х		х				0	0	0
Treasurer (8) LEE TAYLOR THOMAS	0 00									
	1 00	х						0	0	0
Trustee (9) SANDRA J LEWIS	0 00									
	1 00	х						0	0	0
Trustee (10) ANNE C R MUNCH	0 00 1 00									
		х						0	0	0
Trustee (11) BARBARA MAXWELL	0 00									
		х						0	0	0
Trustee (12) JOAN M WARDWELL	0 00									
		х						0	0	0
Trustee (13) DIANE L POLSCER	0 00 1 00									
Trustee	0 00	Х						0	0	0
(14) CHRISTOPHER MONGRAIN	1 00									
Trustee	0 00	Х						0	0	0
(15) DAVID MERTENS	1 00									
Trustee	0 00	X						0	0	0
(16) MARCY LEHMAN	1 00									
Trustee	0 00	X						0	0	0
(17) JENNIFER E APONTE MD	1 00					İ				
(17) JENNIFER E APONTE MD	1 00	x	ı	Х		l		0	9,622	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz	lated
(18) BRIAN W BATTALIA MD	1 00	х		х				(0		0
Chairman (19) MONICA C WEHBY MD	0 00 0 00									+		
FORMER TRUSTEE	40 00						x		948,6	77		54,401
(20) KEVIN G NORWOOD MD	0 00									+		
FORMER TRUSTEE	40 00						Х	(126,9	36		20,621
										T		
										十		
										\dagger		
										+		
										+		
										4		
										\perp		
1b Sub-Total						P			•	•		
c Total from continuation sheets to Part	VII, Section A		•	•		.						
d Total (add lines 1b and 1c)		•		•		•			2,321,500			331,945
Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than				
											Yes	
3 Did the organization list any former office			e, key	/ em	plo	yee, o	r hıç	ghest compensat	ed employee		163	
on line 1a? <i>If "Yes," complete Schedule J</i>	for such ındıvıa	ual .	•	•	•					3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations of individual										4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									ndıvıdual for	5	165	N o
										_		
Section B. Independent Contracto												
1 Complete this table for your five highest compensation from the organization Re											ax year	
	(A) usiness address							Descript	(B) Ion of services		(C) Compen	
										+		
										\downarrow		
										+		
2 Total number of independent contractors \$100,000 of compensation from the orga		not lim	ited t	o th	iose	listed	ab	ove) who receive	d more than			

Part V	(!!!	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			Г
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
an and	ь	Membership dues 1b				
وَ ق	c	Fundraising events 1c 10,785				
iffs,	d	Related organizations 1d 50,300				
ي: ق	e	Government grants (contributions) 1e 2,615				
ons Sir	f	All other contributions, gifts, grants, and 1f 2,803,891				
Contributions, Giffs, Grants and Other Similar Amounts		sımılar amounts not ıncluded above				
즐글	g	Noncash contributions included in lines 126,874				
<u>a</u> 0	h	Total. Add lines 1a-1f	2,867,591			
<u>a</u>		Business Code				
e III	2a					
æ	Ь					
958	C					
Š	d					
Program Serwce Revenue	e f	All other program service revenue				
Δ	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	7,611,101			7,611,101
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	(i) Securities (ii) Other Gross amount				
	′	from sales of assets other				
	ь	than inventory Less cost or				
	"	other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$10,785 of contributions reported on line 1c)				
æ		See Part IV, line 18				
her	ь	5,295 Less direct expenses b 230				
ŏ	С	Net income or (loss) from fundraising events .	5,065			5,065
	9a	Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			<u> </u>
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	С	All 11				
	d e	All other revenue				
			0			
	12	Total revenue. See Instructions	10,483,757			7,616,166

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to any question in this Pa	rt IX	<u></u> .	<u> </u>	<u></u> ,_
	t include amounts reported on lines 6b, , 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 United States See Part IV, line 21	7,462,989	7,462,989		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	0			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
LO	Payroll taxes	0			
l1	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
.2	Advertising and promotion	0			
3	Office expenses	0			
4	Information technology	0			
5	Royalties	0			
.6	Occupancy	0			
. 7	Travel	0			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
.9	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a L					
b					
с					
d	A II ablancas				
	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	7,462,989	7,462,989	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,569	1	1,663
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net	953,193	3	922,313
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
<u>s</u>	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
Assets				6	0
8	7	Notes and loans receivable, net		7	0
_	8	Inventories for sale or use		8	0
	9 10a	Prepaid expenses and deferred charges		9	0
	104	Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	78,477,998	12	81,741,953
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	3,326,723	15	3,113,729
	16	Total assets. Add lines 1 through 15 (must equal line 34)	82,759,483	16	85,779,658
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
аę		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	9,683	25	9,090
	26	Total liabilities. Add lines 17 through 25	9,683	26	9,090
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	47,668,219	27	50,338,277
<u></u>	28	Temporarily restricted net assets	23,757,308	28	23,904,914
=	29	Permanently restricted net assets	11,324,273	29	11,527,377
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ä		complete lines 30 through 34.			
δ. 0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	82,749,800	33	85,770,568
_	34	Total liabilities and net assets/fund balances	82,759,483	34	85,779,658

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,4	183,757
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4	162,989
3	Revenue less expenses Subtract line 2 from line 1	3			20,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			749,800
5	Net unrealized gains (losses) on investments	5		02,	15,000
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		85,7	770,568
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \vdash
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3 b	Yes	

hospital's name, city, and state

ASTITUTE DATA

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

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

2

3

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.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

2012

Open to Public Inspection

Name of the organization GOOD SAMARITAN FOUNDATION

Employer identification number

23-7017276

6 [_		A)(iv). (Complete P local government or	•	tal unit des	cribed in sect	ion 170(b)(1)(A)(v).				
7	— А	n organization tha	at normally receives	a substantia	al part of its	s support from	n a governm	ental unit or i	from the	e general p	ublic	
			n 170(b)(1)(A)(vi).				J			,		
		•	described in section	. , . , .	, , , ,	•	•					
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		•		•	-			` ,				
	its	s support from gr	oss investment inco	me and unre	lated busın	ess taxable 11	ncome (less	section 511	tax) fro	om busines	ses	
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	Г Αι	n organızatıon orç	ganized 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 cone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See the box that describes the type of supporting organization and complete lines 11e through 11h a					on-func more di ped in s	tion 509(a) tionally int squalified p ection 509 pporting or	(3). Consequence (3). C	check ed ns) or			
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in rning	the organi in col (i)	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization col (i) organization in the U S ?			n	(vii) A mount of monetary support	
			instructions))	Yes	No	Yes	No	Yes	No			
(A) LEG VISITING NURSE ASSOCI	G	930848530	9	Yes		Yes		Yes			35	0,629
(B) LEG	ACY											
GOOD SAMARI HOS & N CTR		930386793	3	Yes		Yes		Yes			4,42	1,990

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493049017884

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

ternal Revenue Service F Attach to Fo	rm 990. F See separate instructions.	Inspection
Name of the organization GOOD SAMARITAN FOUNDATION		Employer identification number
Part I Organizations Maintaining Donor Ad	vised Funds or Other Similar Fu	23-7017276 unds or Accounts. Complete if the
organization answered "Yes" to Form 990		1
	(a) Donor advised funds	(b) Funds and other accounts
L Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		1
5 Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	or advised Yes No
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene		
conferring impermissible private benefit? Part II Conservation Easements. Complete in	f the organization answered "Yes" to	<u> </u>
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	historically important land area ertified historic structure he form of a conservation
casement on the last day of the tax year]	Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified hist	coric structure included in (a)	2c
d Number of conservation easements included in (c) ac historic structure listed in the National Register	2d	
Number of conservation easements modified, transfer	- red, released, extinguished, or terminate	d by the organization during
the tax year 🛌		
Number of states where property subject to conservat	tion easement is located 🗠	<u> </u>
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation easem	nents during the year
A mount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easements	during the year
Does each conservation easement reported on line 2((d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	ne footnote to the organization's financial	l expense statement, and
Part III Organizations Maintaining Collection Complete if the organization answered "		or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its rever ets held for public exhibition, education, o	or research in furtherance of public
b If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	ets held for public exhibition, education, o	
(i) Revenues included in Form 990, Part VIII, line 1		* \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, histo following amounts required to be reported under SFAS		" <u></u>
a Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	t, His	tori	cal Tre	easur	es, or C)the	<u>r Similar <i>F</i></u>	sset	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	rds, cl	neck	any of th	ne follov	wing that	are a	sıgnıfıcant u	se of i	ts	
а	Public exhibition		d	Γ	Loan o	rexcha	inge prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y further	the or	ganızatıor	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t									<u> </u>		│ No
Ра	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ea "Y	es" to Form	1990,	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						other ass	sets r	not	Г	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	table		-					
										4 mou	nt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?							□ \	es/	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has b	een pro	vided in f	art >	KIII			<u> </u>
Pa	rt V Endowment Funds. Complete											
4-	Bannan afusan kalansa	(a)Current year 35,081,583	(b)	Prior y	vear b 272,458	(c) Two	years back 33,005,250		Three years bac 26,682,64			ears back 1,483,331
1a L	Beginning of year balance	1,129,648			567,294		623,897	-	1,648,30	_		2,409,556
b	Contributions	1,129,646		1,	367,294		023,09	+	1,040,30	2		2,409,556
С	Net investment earnings, gains, and losses	2,557,569			627,433		3,237,074	1	6,436,82	.3		
d	Grants or scholarships											2,153,871
e	Other expenditures for facilities and programs	3,336,506		2,	385,600		1,593,763	3	1,762,52	2		
f	Administrative expenses										2	6,682,647
g	End of year balance	35,432,294		35,	081,585		35,272,458	3	33,005,25	0	2	6,682,647
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g	, column	(a)) he	ld as					
а	Board designated or quasi-endowment ►	67 470 %										
b	Permanent endowment 🕨 32 530 %											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that	are held	and ad	mınıstere	d for	the	_		
	organization by										Yes	No
	(i) unrelated organizations		•	• •				•	<u> </u>	a(i) a(ii)	Yes	No
b	(ii) related organizations			Chec	 Jule R?			• •	[3	3b	Yes	<u> </u>
4	Describe in Part XIII the intended uses of the	•						•				
Pa	rt VI Land, Buildings, and Equipme					0.						
	Description of property		•	\top	a) Cost or asıs (ınves	other	(b) Cost or basis (ot		(c) Accumu depreciati		(d) B	ook value
1a	Land			\top								
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other											
Tota	al. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line 1	0(c).)						
									Schedule	2 D (F	orm 9	90) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	81,741,953		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
(ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. ption (, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption (, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. ption (, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)	, , , , , , , ,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)	, , , , , , , , , , , ,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	ne 15. otion (a)		(b) Book value

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	11,339,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	855,946
3	Subtract line 2e from line 1	3	10,483,757
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,483,757
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	8,318,935
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	855,946
3	Subtract line 2e from line 1	3	7,462,989
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
	<u> </u>		
c	Add lines 4a and 4b	4c	

Part XIII 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,

Identifier	Return Reference	Explanation
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	MGMT, GENERAL & FUNDRAISING EXPENSES \$855946
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	MGMT, GENERAL & FUNDRAISING EXPENSES \$855946
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment funds are used to improve the healthcare of the community as designated by the donors Legacy follows the guidance in the Uniform Prudent Management of Institutional Funds Act (UPMIFA) in determining the net asset classification of all donor-restricted endowment funds. In accordance with UPMIFA and board policy, assets classified as permanent endowments in accordance with donor intent are only utilized for current period expenditures to the extent that earnings on the endowment exceed the original fair value of the donation. To the extent earnings on endowment funds exceed identified expenditures on which to apply those earnings, the earnings are classified as temporarily restricted net assets. Legacy has adopted investment and spending policies for endowment assets to provide a predictable stream of funding to programs supporter by its endowment and to maintain the value of the endowment assets. Asset allocation is reviewed quarterly with respect to 17 Legacy's tolerance for risk based on its financial condition and need for cash from investments to support operations, 11) expected asset class return, risk and correlation characteristics, 111) changes in accounting guidance or tax law and 1v) changes in bond covenants or other restrictions Legacy's spending practices are intended to comply with donor's wishes and meet all applicable laws and regulations Spending must be for a purpose that is consistent with the documented intent of the donor, and may not exceed the amounts annually determined by Legacy. Factors that are considered in addressing the annual spending allocation are 1) market value of the fund relative to the principal of the gift and 11 the level of spending in prior years. From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires Legacy to retain as a fund of perpetual duration. Deficiencies of this nature are reported as a reduction to unrestricted net assets and are excluded from t

DLN: 93493049017884

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

JOD SAMARITAN FOUNDAT	1014				23-7017276	
art I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	', line 17.
Indicate whether the organ	ization raised funds t	through an	y of the f	ollowing activities Che	eck all that apply	
Mail solicitations			e	☐ Solicitation of non	-government grants	
Internet and email soli	cıtatıons		f	☐ Solicitation of gov	ernment grants	
Phone solicitations			g	Special fundraisin	g events	
I	3					
Did the organization have a or key employees listed in						┌ Yes ┌ M
If "Yes," list the ten highes to be compensated at least			undraiser	s) pursuant to agreeme	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
			_			
:al		<u> </u>	•			
List all states in which the licensing	organization is regist	tered or lic	ensed to	solicit funds or has be	en notified it is exempt	t from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 2013 KIDNEY TRANSPLANT LUNCHEON (event type)	(b) Event #2 (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	12,68	o l		12,680
Revenue	2	Less Contributions	8,88			8,880
	3	Gross income (line 1 minus line 2)	3,80			3,800
	4	Cash prizes				
m	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Dreat	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in column	ı (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and line	e 10		3,800
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	ert IV, line 19, or rep	·
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>7</u>	1	Gross revenue				
စ္တ	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	Г Yes Г Nо	┌ Yes	_
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	ımn (d)		
9 a b	Ist	er the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	; the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493049017884

Department of the Treasury Internal Revenue Service Name of the organization

GOOD SAMARITAN FOUNDATION

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

Inspection Employer identification number

JOOD SAMAKITAN TOUNDAT	1014					23-7017276	
Part I General Inform	nation on Grants	and Assistance				'	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	orassistance?					∀ Yes
Part II Grants and Oth	ner Assistance to	Governments and recipient that received	Organizations in t	the United States			"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LEGACY VISITING NURSE ASSOCIATION 815 NE DAVIS ST PORTLAND,OR 97210	93-0848530	501(c)(3)	350,629	0	,		
(2) LEGACY HEALTH 1919 NW LOVEJOY ST PORTLAND,OR 97209	23-7426300	501(c)(3)	265,504	0	1		
(3) LEGACY GOOD SAMARITAN HOSPITAL & MED CTR 1015 NW 22ND AVE PORTLAND,OR 97210	93-0386793	501(c)(3)	4,421,990	0			
(4) LEGACY EMANUEL HOSPITAL & HEALTH CENTER 2801 N GANTENBEIN AVE PORTLAND, OR 97227	93-0386823	501(c)(3)	2,424,866	0			
2 Enter total number of sect3 Enter total number of other							4

	,		
rt III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	•	•

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE FOUNDATION ONLY AWARDS GRANTS AND/OR SCHOLARSHIPS AFTER A THOROUGH REVIEW AND DISCUSSION OF THE EXPENDITURES GRANT PROPOSALS ARE SUBMITTED DURING THE ANNUAL GRANT APPLICATION PROCESS ALL GRANT PROPOSALS ARE INITIALLY REVIEWED BY LEGACY HEALTH'S EXECUTIVE COUNCIL TO DETERMINE THEIR APPLICABILITY TO LEGACY'S GOALS AND STRATEGIC PLAN GRANT PROPOSALS ARE THEN REVIEWED BY THE FOUNDATION'S OWN GRANT COMMITTEE ONCE A GRANT IS APPROVED BY THE FOUNDATION, MONIES ARE NOT TRANSFERRED UNTIL PROOF OF THE EXPENDITURE IS PROVIDED TO THE GRANT STEWARDSHIP ARM OF THE FOUNDATION

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DLN: 93493049017884

OMB No 1545-0047

Schedule J

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.

Open to Public Inspection

Name	ofth	ie org	janızat	tion
GOOD:	SAMAF	RITAN	FOUND.	IOITA

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-7017276

	Questions Regarding Compensation			$\overline{}$	
			Ye	es	No
1a	Check the appropriate box(es) if the organization provided any of the following to 990, Part VII, Section A, line 1a Complete Part III to provide any relevant info				
	First-class or charter travel Housing allowance	or residence for personal use			
	☐ Travel for companions ☐ Payments for busin	ness use of personal residence			
	Tax idemnification and gross-up payments Health or social cl	ub dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services	(e g , maıd, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written preimbursement or provision of all of the expenses described above? If "No," co		,		
2	Did the organization require substantiation prior to reimbursing or allowing expedirectors, trustees, and the CEO/Executive Director, regarding the items check				
3	Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director Check all that apply Do not check any used by a related organization to establish compensation of the CEO/Executive	boxes for methods			
	Compensation committee Written employmen				
	☐ Independent compensation consultant ☐ Compensation sur	•			
	Form 990 of other organizations Approval by the bo	pard or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a or a related organization	with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	44	,		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement	plan?	Υe	es	
c	Participate in, or receive payment from, an equity-based compensation arrange	ment?	-		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amoun				
	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 compensation contingent on the revenues of	n pay or accrue any			
а	The organization?	54			Νo
b	Any related organization?	51	y e	es	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organizatio compensation contingent on the net earnings of				
а	The organization?	64	,		Νo
b	Any related organization?	61	Y e	s	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organizatio payments not described in lines 5 and 6? If "Yes," describe in Part III	n provide any non-fixed 7			Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to subject to the initial contract exception described in Regulations section 53 49 in Part III	958-4(a)(3)? If "Yes," describe			N.
		8	-	+	Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption pr section $534958-6(c)^{9}$	ocedure described in Regulations 9			Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)PATRICIA M GIANELLI ASST TREASURER	(i) (ii)	195,971	17,030	-4,993	24,495	25,232	257,735	
(2)MONICA C WEHBY MD FORMER TRUSTEE	(i) (ii)	735,583	158,475	54,619	33,577	20,824	1,003,078	
(3)MAUREEN A BRADLEY EX- OFFICIO	(i) (ii)	235,001	53,468	5,169	19,568	19,731	332,937	
(4)KEVIN G NORWOOD MD FORMER TRUSTEE	(i) (ii)	109,843	875	16,218	5,158	15,463	147,557	
(5)K RENA WHITTAKER EX- OFFICIO	(i) (ii)	137,926	8,973	-2,684	3,552	24,173	171,940	
(6)ANTHONY J MELARAGNO MD EX- OFFICIO	(i) (ii)	363,477	70,345	12,210	77,238	30,151	553,421	
(7)ANNE T GREER ASST SECRETARY	(i) (ii)	136,636	11,033	-3,297	14,136	18,647	177,155	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

The complete the part of any additional morniation						
Identifier	Return Reference	Explanation				
Sch J, Part III, Additional Information	Part III, Additional Information	SCHEDULE J REPORTING OF TRUSTEE AND OFFICERS ON LEGACY AFFILIATE RETURNS The Foundation Ex-Officio Trustees and Officers who are also Legacy employees have their compensation paid from Legacy Health, Legacy Emanuel Hospital & Health Center or Legacy Good Samaritan Hospital The compensation is reported for informational purposes on the Foundation return Dr Aponte received a stipend as Department Chair of Medicine at Legacy Good Samaritan Hospital				
Sch J, Part I, Line 6b	Part I, Line 6b Explanation of organization compensation contingent on net earnings from related or	Legacy has an at-risk incentive compensation plan for management. The plan is based on meeting goals related to employee engagement, work processes, customer service, clinical quality, financial management, and certain key strategic tactics. In order to payout any at-risk incentive compensation, Legacy must exceed operating margin targets.				
Sch J, Part I, Line 5b	Part I, Line 5b Explanation of organization compensation based on revenues of related organization	Physicians employed by Legacy related entities are paid a bonus contingent upon their revenue generated during the year measured by industry standard relative value units (RVU)				

Schedule J (Form 990) 2012

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DLN: 93493049017884

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization GOOD SAMARITAN FOUNDATION

Employer identification number

	Tunes of Dunes.				23-7017276			
Ра	It I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contril	letermi	_	ts
	Aut Moules of aut			1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	2	126,644				
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic							
_	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ►()							
	O ther ► ()							
	Number of Forms 8283 received for which the organization comple		-		29		1	
20-	During the year did the same	tion receive	a by contribution and a	why reported in Dant T. I	1 20 +62+ -+		Yes	No
ova	During the year, did the organiza							
	must hold for at least three year			on, and which is not required	to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
1	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard (contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	noncash • • •	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (a	a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		IF THE FOUNDATION RECEIVES A VEHICLE DONATION, VOLUNTEERS OF AMERICA PROCESSES THE DONATION FOR THE FOUNDATION

Schedule M (Form 990) (2012)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493049017884

OMB No 1545-0047

2012

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Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
GOOD SAMARITAN FOUNDATION

Employer identification number

23-7017276

ldentifier	Return Reference	Explanation
	Form 990, Schedule D	Legacy Health (Legacy), EIN 23-7426300, the parent organization for all Legacy Affiliates, pays for all management, general and fundraising expenses of its affiliated foundations. This includes salaries, payments to external contractors, supplies, office equipment, and other administrative expenses. The expenses paid by Legacy are donated to the Foundations as institutional support. This institutional support is included as both revenue and expense on the Foundation's internal financial statements but is not included for Form 990 reporting purposes. Because of this arrangement, there are no management and fundraising expenses, number of employees, employee compensation, or payment to independent contractors reflected on the Foundation's return. The only expenditures, other than grants, are certain special event expenses which are not donated by Legacy but are paid directly by the Foundation and reported on Form 990, part VIII, line 8B. The amount donated by Legacy to Good Samaritian. Foundation for the year ended 3/31/13 to cover management, general and fundraising expenses w as \$855,946.

Identifier	Return Reference	Explanation
	X	Good Samaritan Foundation (GSF) participates in the Legacy investment pooled funds which include professionally managed equity and fixed income securities in both separately managed portfolios and commingled investment accounts. Investment returns are prorated according to each affiliate's share of the pool

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

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

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The Foundation Board received a copy of the 990 return prior to filing. The Board receives a memorandum with the return highlighting key areas. The return is prepared with the assistance of the Legacy Health Foundation Accountants and the Foundation Staff. Review of the conflict of interest, compensation or other disclosures is reviewed by the Legacy Health Audit and Compensation committees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The LGSHMC Board of Directors has discretion to review any proposed transactions of the Foundation which the Board deems to involve significant questions of policy or which would have a substantial impact, financial or otherwise, upon the Foundation or LGSHMC LGSHMC can approve or disapprove any such transaction

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a		The LGSHMC Board of Directors approves trustees appointed to the Foundation Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Legacy Good Samaritan Hospital & Medical Center(LGSHMC) is the sole member of Good Samaritan Foundation

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4		The Good Samaritan Foundation amended and restated its bylaws to reflect a structure and governance policies consistent with those of Legacy Health and to have better community representation on its board

ldentifier	Return Reference	Explanation
'		Legacy Health (Legacy) provides management services for all of its affiliated companies which includes, accounting, purchasing, contracting, legal, human resources, information technology, billing, facilities, budgeting, transcription, security, public relations, strategic planning, organization development

SCHEDULE R Related Organ

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization GOOD SAMARITAN FOUNDATION

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

Employer identification number

DLN: 93493049017884

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Part I Identification of Disregarded Entities (Complete	e if the organization	n answered "Yes" to	o Form 990, P	art IV, line 33.)				
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dii	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions (Complete n tax year.)	f the organization a	inswered "Yes	" to Form 990, P	art IV,	line 34 because i	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co ent	ontrolle tity?
See Additional Data Table				+			Yes	No
							_	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust (poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
											Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule								
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	b Gift, grant, or capital contribution to related organization(s)								
C	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		No		
е	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1 f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i	Yes			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes			
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes			
0	Sharing of paid employees with related organization(s)				10	Yes			
р	Reimbursement paid to related organization(s) for expenses				1р	Yes			
q	Reimbursement paid by related organization(s) for expenses				1q	Yes			
r	O ther transfer of cash or property to related organization(s)				1r	Yes			
s	Other transfer of cash or property from related organization(s)				1s	Yes			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li		· · · · · · · · · · · · · · · · · · ·	(d)					
		(b) Transaction	(c) Amount involved	Method of determining amo	unt ir	nvolved			
		type (a-s)							
_									

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000229

Software Version: 2012v2.0

EIN: 23-7017276

Name: GOOD SAMARITAN FOUNDATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
	Identifier	Return Reference	Explanation						
_									

AMENDED AND RESTATED

BYLAWS

OF

GOOD SAMARITAN FOUNDATION

Adopted October 4, 2001

Amended May 21, 2002

Amended February 6, 2003

Amended September 20, 2006

Amended February 14, 2007

Amended and Restated January 8, 2009

Amended and Restated March 8, 2012

AMENDED AND RESTATED BYLAWS OF GOOD SAMARITAN FOUNDATION

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AMENDED AND RESTATED BYLAWS OF GOOD SAMARITAN FOUNDATION (2012)

ARTICLE 1

<u>Purpose</u>

Section 1.1 PURPOSE OF GOOD SAMARITAN FOUNDATION

The purpose of Good Samaritan Foundation (hereinafter the "Foundation") is to operate exclusively for charitable, scientific or educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, acting as a supporting organization of Legacy Good Samaritan Hospital and Medical Center within the meaning of Section 509 of the Internal Revenue Code, and raising funds to be distributed to or for the benefit of Legacy Good Samaritan Hospital and Medical Center so that Legacy Good Samaritan Hospital and Medical Center may achieve its tax-exempt purposes

Section 1.2 MISSION OF GOOD SAMARITAN FOUNDATION

The mission of Good Samaritan Foundation is to advance research, education and technology in medical science in the tradition of Legacy Good Samaritan Hospital and Medical Center The Foundation encourages charitable giving from the community and strives to provide faithful stewardship of the community's philanthropy.

Section 1.3 VISION OF LEGACY GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER

Legacy Good Samaritan Hospital and Medical Center will be the preferred provider of health services in the communities we serve, including such specialty services as cardiac care and rehabilitation services. We will contribute to the promotion of health in our community by providing a full range of services to meet our customers' needs for healthcare. As a community institution and employer we will actively participate in community partnerships to promote the welfare of our citizens and the growth of our community. As an operating unit of Legacy Health, we will promote and participate in opportunities for integration between physicians, health plans, hospitals, and outpatient services to provide access and an appropriate level of quality service to our customers at affordable and competitive prices

Section 1.4 MISSION OF LEGACY GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER

Consistent with its historical connection to the Episcopal Church, Diocese of Oregon, Legacy Good Samaritan Hospital and Medical Center is committed to fulfilling charitable purposes by improving the health of our community. Our purpose is to provide and manage comprehensive, accessible, integrated healthcare services. We dedicate ourselves to creating a culture in which each individual actively applies the values of quality, community, caring and belonging within our organization and to those we serve

Section 1.5 PURPOSE OF LEGACY GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER AND LEGACY HEALTH

Legacy Good Samarıtan Hospital and Medical Center is a part of Legacy Health The mission of Legacy Good Samarıtan Hospital and Medical Center is consistent with the foundation, mission and vision of Legacy Health, which is as follows

(a) Historical Foundation of Legacy Health

Legacy Health is a unique healthcare system founded on the tradition and values of community healthcare organizations, the healing ministries of the Lutheran and Episcopal churches, and community physicians This partnership of healthcare providers is dedicated to caring, compassion and excellence The individual strengths and traditions that each bring enable us, as a system, to be of greater benefit to the communities we serve in our common mission

(b) Mission

Legacy's Mission is good health for our people, our patients, our communities and our world

(c) Vision

Legacy's Vision is to be essential to the health of our region

ARTICLE 2

Member

Section 2.1 SOLE MEMBER

The sole member of the Foundation shall be Legacy Good Samaritan Hospital and Medical Center, an Oregon nonprofit corporation (the "Member"). Except to the extent limited in the Articles of Incorporation of the Foundation or these Bylaws, as amended and restated, the Member shall have voting rights to the fullest extent allowed to the membership of nonprofit corporations under the Oregon Nonprofit Corporation Act The power of Legacy Good Samaritan Hospital and Medical Center to act as Member under these Articles of Incorporation and the Bylaws shall be exercised by the Board of Directors of the

Member or as the Board of Directors of the Member may, by resolution, direct

Section 2.2 ACTIONS BY MEMBER; PLAN AND BUDGET RESPONSIBILITY

- (a) Unless a greater number is required by its articles of incorporation, by its bylaws or by law, the Member may act (in its capacity as member of the Foundation) by a majority vote of its Board of Directors at a meeting at which a quorum is present, by unanimous written consent without a meeting, or otherwise as the Board of Directors may, by resolution, direct
- **(b)** Plans and budgets of the Foundation shall be prepared by the management and staff of the Foundation and, prior to implementation, may be reviewed by the Member
- **(c)** The Member shall have the discretion to review any proposed transactions of the Foundation which the Member, in its sole discretion, deems to involve significant questions of policy or which would have a substantial impact, financial or otherwise, upon the Foundation or Legacy Good Samaritan Hospital and Medical Center The Member shall have the sole right to approve or disapprove any such transaction

Section 2.3 MEETINGS

An annual meeting of the Member (in its capacity as member of the Foundation) shall be held each year at such time and date as the Board of Directors of the Member shall determine Special meetings of the Member (in its capacity as member of the Foundation) may be called by the Board of Trustees of the Foundation, or by the president or the chair of the Board of Directors of the Member

Section 2.4 NOTICE OF MEETINGS

Written or printed notice stating the place, day and hour of the meeting shall be delivered to the Member not less than seven (7) nor more than fifty (50) days prior to the date of a meeting of the Member Notice shall be given either personally or by mail, by or at the direction of the Chair or the Secretary of the Foundation In the case of a special meeting, the notice shall state the purpose or purposes for which the meeting is called

Section 2.5 PLACE OF MEETINGS

Meetings may be held either within or without the State of Oregon at such place or places as shall be designated by the Member

ARTICLE 3

Board of Trustees

Section 3.1 MANAGEMENT

The affairs of the Foundation shall be managed by a Board of Trustees, and each member thereof individually shall be known as a Trustee

Section 3.2 NUMBER

The Board of Trustees shall consist of not less than three (3) nor more than forty (40) trustees, not including *ex officio* Trustees. The exact number of Trustees shall be fixed by the Member, Legacy Good Samaritan Hospital and Medical Center.

Section 3.3 SELECTION, TERM AND REMOVAL

- (a) The Board of Trustees of the Foundation shall nominate and elect Trustees to serve for a term of three years (or in the case of a vacancy to serve the remainder of the term) No such election will be effective unless such election is approved by the Member Trustees elected after January 1, 2011 shall be limited to two three-year terms Trustees completing two (2) full terms may be elected for up to two (2) subsequent terms after not serving as a Trustee for a period of at least one (1) year Trustees completing their service may request status as honorary emeritus trustees. The rights and obligations of honorary emeritus trustees shall be established by the Board of Trustees. In the event of a vacancy on the Board of Trustees and the Board of Trustees has failed to nominate and elect a Trustee at a meeting called for that purpose or upon the failure to call an annual meeting, then the Member may proceed to elect such a replacement Trustee
- **(b)** The Executive Director of the Foundation, Legacy's Chief Development Officer, the Administrative Officer of Legacy Good Samaritan Hospital and Medical Center, the Chair of the Women of Good Samaritan, and the President of the Volunteer Services of Legacy Good Samaritan Hospital and Medical Center shall be *ex officio* Trustees with full right to vote
- **(c)** A Trustee of the Foundation may be removed from office by the Member at any time, with or without cause

Section 3.4 VACANCIES

A vacancy on the Board of Trustees shall exist upon the death or resignation of a Trustee, upon removal of any Trustee by the Member, or upon the creation of an additional Trustee position. The Board of Trustees may nominate and elect a new Trustee to fill the vacancy and such election shall be effective upon approval by the Member, Legacy Good Samaritan Hospital and Medical Center.

Section 3.5 ANNUAL MEETINGS

An annual meeting of the Board of Trustees shall be held each year At the annual meeting, the Board of Trustees shall elect officers and the Chair Notice of annual meetings shall be given not less than seven (7) and not more than fifty (50) days before the date of the meeting Such notice may be given in any reasonable manner

Section 3.6 REGULAR MEETINGS

Regular meetings of the Board of Trustees shall be held at such times as the Board of Trustees may determine by resolution. The Secretary shall mail or otherwise deliver a copy of such resolution to any Trustee who was not present when it was adopted, but no further notice of such regular meetings need be given

Section 3.7 SPECIAL MEETINGS

Special meetings of the Board of Trustees may be called by the Executive Director, the Chair, or upon written request by at least twenty percent (20%) of the Trustees in office setting forth the business they wish to have conducted at the special meeting Notice of special meetings shall be given at least twenty-four (24) hours before the meeting if called by the Executive Director or Chair and at least seventy-two (72) hours before the meeting if called by the Trustees—Such notice may be given in any reasonable manner

Section 3.8 PLACE OF MEETINGS; OTHER MEANS OF COMMUNICATION

All meetings of the Board of Trustees shall be held at such place as is designated in the notice of meeting. Any or all Trustees may participate in a regular or special meeting by, or conduct the meeting through, the use of any means of communication by which all Trustees participating in the meeting may simultaneously hear each other during the meeting. A Trustee participating in a meeting by such means shall be deemed present in person at the meeting.

Section 3.9 QUORUM

One-third (1/3) of the Trustees in office shall constitute a quorum for the transaction of business. A minority of the Trustees in the absence of a quorum may adjourn the meeting but may not transact any business.

Section 3.10 ACTION

The act of a majority of the Trustees present at a meeting where there is a quorum shall be the act of the Board of Trustees, unless otherwise provided in the Articles of Incorporation, these Bylaws, or by law Except as specifically provided to the contrary in the Articles of Incorporation or these Bylaws, all Trustees and committee members, including without limitation *ex officio* Trustees and committee members, shall have voting rights in their capacity as members of the Board of Trustees and committees on which they serve

Section 3.11 CONFLICTS OF INTEREST

- (a) A conflict of interest transaction is a transaction with the Foundation in which a Trustee has a direct or indirect interest. A conflict of interest transaction is not voidable by the Foundation solely because of the Trustee's interest in the transaction if the transaction was (1) fair to the Foundation, or (2) authorized, approved or ratified by the vote of the Board of Trustees, or of a committee having and exercising the authority of the Board of Trustees over such transaction, after disclosure to the Board of Trustees or the committee of the material facts of the transaction and the Trustee's interest
- **(b)** For the purposes of this section, a Trustee has an indirect interest in a transaction if (1) another entity in which the Trustee has a material interest or in which the Trustee is a general partner is a party to the transaction, or (2) the Trustee is a director, officer, or trustee of another entity which is not described in the last sentence of this paragraph and is a party to the transaction, and the transaction is or should be considered by the Board of Trustees A Trustee does not have a direct or indirect interest in a transaction solely by serving as the director, officer, or trustee of the Member, of Legacy Health, or of an entity which substantially controls, is under substantially common control with, is wholly owned by or is substantially controlled by the Foundation, the Member, or Legacy Health
- (c) For purposes of this section, a conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Trustees on the Board of Trustees, or on the committee, who have no direct or indirect interest in the transaction. A transaction may not be authorized, approved, or ratified under this section by a single Trustee. Notwithstanding any provision of these Bylaws to the contrary, if a majority of the Trustees who have no direct or indirect interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this section. The presence of, or a vote cast by, a Trustee with a direct or indirect interest in the transaction does not affect the validity of any action taken under this section if the transaction is otherwise authorized, approved or ratified as provided in this section.

ARTICLE 4

Officers

Section 4.1 DESIGNATION AND QUALIFICATION

The officers of the Foundation shall be a Chair, a Vice Chair, an Executive Director, a Secretary, and a Treasurer—Only Trustees shall be eligible to serve as the Chair and Vice Chair—Trustees serving as officers shall retain their right to vote as Trustees on matters presented to the Board of Trustees—The Chair may from time to time elect to be referred to as the "Chairman," "Chairwoman," or "Chairperson," and the Vice Chair may make a similar election

Section 4.2 ELECTION AND VACANCY

- (a) The Board of Trustees shall elect the officers, except the Executive Director No such election shall be effective unless approved by the Member
- (b) The Member shall appoint an Executive Director Such appointment shall be pursuant to a process which involves the Board of Trustees of the Foundation in the search and selection of the Executive Director. The Chair shall appoint Trustees to participate in the search and selection process. The Member shall give full consideration to the opinions of Trustees involved in the search and selection process in appointing the Executive Director. The Member may remove the Executive Director and fill vacancies in the office after consultation with the Executive Committee of the Foundation. Unless invited by a majority of the members of the Executive Committee, the Executive Director shall not be present at such consultations.
- **(c)** A vacancy in any office except the Executive Director because of death, resignation, removal, disqualification or otherwise shall be filled by the Board of Trustees, at any meeting, for the unexpired portion of the term in the manner prescribed in these Bylaws for regular elections to such office

Section 4.3 TERM

Each officer shall hold office for a term of one year commencing immediately following the annual meeting of the Board of Trustees in the year of election, and until his or her successor is elected

Section 4.4 RESIGNATION AND REMOVAL

An officer, other than the Executive Director, may be removed, either with or without cause, by the Member or the Board of Trustees, provided, however that the removal shall not prejudice any rights otherwise accorded to the officer under the provisions of an employment contract between the Foundation and the officer. The removal of any officer by the Board of Trustees shall be subject to the written approval of the President of the Member. Subject to the provisions of any employment contract, an officer may resign at any time by giving written notice to the Board of Trustees, the Chair or the Secretary

Section 4.5 CHAIR

- (a) The Chair shall preside at all meetings of the Board of Trustees The Chair shall have such other powers and perform such other duties as the Board of Trustees or these Bylaws may prescribe
 - **(b)** Unless otherwise provided in these Bylaws, the Chair shall serve *ex*

officio on all Board and Management Committees and shall be counted for purposes of a quorum and, except as may be limited by the Board of Trustees, shall have the right to vote

Section 4.6 VICE CHAIR

In the absence of the Chair, the Vice Chair shall perform the duties of the Chair The Vice Chair shall have such other powers and perform such other duties as the Board of Trustees or these Bylaws may prescribe

Section 4.7 SECRETARY

The Secretary shall cause minutes to be kept of all meetings of the Board of Trustees The Secretary shall cause appropriate notices to be given in accordance with these Bylaws, shall perform the customary duties pertaining to the office of Secretary, and shall perform such other duties as the Board of Trustees or these Bylaws may prescribe

Section 4.8 TREASURER

The Treasurer shall be responsible for the financial affairs of the Foundation. The Treasurer shall perform the customary duties pertaining to the office of Treasurer, and shall perform such other duties as the Board of Trustees or these Bylaws may prescribe. Notwithstanding any provision of these Bylaws to the contrary, if the Foundation has a Chief Financial Officer, the Board of Trustees may elect that the Foundation shall have no Treasurer, in which event all responsibilities of the office of Treasurer shall be performed by the Chief Financial Officer.

Section 4.9 ASSISTANTS

The Board of Trustees may appoint or authorize the appointment of assistants to the Secretary or Treasurer or both. Such assistants may exercise the power of the Secretary or Treasurer, as the case may be, and shall perform such duties as the Board of Trustees may prescribe. Such assistants shall not be Trustees, and shall have no right to vote

Section 4.10 EXECUTIVE DIRECTOR

- (a) The Executive Director shall be an *ex officio* member of the Board of Trustees with full voting rights. The Executive Director shall be the Chief Executive Officer of the Foundation and shall perform the customary duties of a chief executive officer. In serving the Foundation, the Executive Director shall develop and maintain for the approval of the Board of Trustees plans of operation and short-term and long-term objectives on all developments relating to the Foundation's operations and shall attend generally to the business and affairs of the Foundation. The Executive Director shall serve at the pleasure of the President of the Member and will be an employee of the Member. The Executive Director shall report to the President of the Member or his or her designee.
- **(b)** The Executive Director, subject to the authority and policies of the President of the Member and the Board of Trustees, shall have responsibility for the overall management of the Foundation The Executive Director shall provide administrative liaison between Legacy Health, the Member and the Board of Trustees of the Foundation The Executive Director shall cause reports on the activities of the Foundation to be submitted to the President of the Member
- **(c)** Unless otherwise provided in these Bylaws, the Executive Director shall serve *ex officio* on all Management Committees and shall be counted for purposes of a quorum

Section 4.11 OTHER ADMINISTRATIVE OFFICERS

With the prior approval of the President of the Member, the Executive Director may appoint such additional administrative officers with such titles and responsibilities as may be appropriate

ARTICLE 5

Committees

Section 5.1 BOARD COMMITTEES

The Board of Trustees may, by resolution adopted by a majority of Trustees in office, designate Board Committees, each of which shall consist of two or more Trustees. To the extent permitted by law, these Bylaws and provided in resolution, Board Committees shall have and exercise the authority of the Board of Trustees in the management of the Foundation. Unless otherwise provided in these Bylaws, the Chair shall appoint the chair and all members of Board Committees. The Foundation shall have at least the following. Board Committees an Executive Committee, a Nominating Committee, a Grants Committee, an Investment Committee and a Development Committee. Each committee member shall hold office at the pleasure of the Board of Trustees.

Section 5.2 EXECUTIVE COMMITTEE

Between meetings of the Board of Trustees, the Executive Committee shall have and exercise all the authority of the Board of Trustees except as prohibited by law. The Executive Committee shall review and evaluate annually the Articles of Incorporation and Bylaws of the Foundation, as needed, and make recommendations for amendment to the Board of Trustees. The Executive Committee shall consist of the officers (except the assistant officers), the chairs of the standing committees, and such other members as the Board of Trustees may designate

Section 5.3 NOMINATING COMMITTEE

- (a) The Nominating Committee shall consist of no more than five (5) Trustees, one of whom shall be the Foundation Board Chair
- **(b)** The Board Chair shall appoint the members of the Nominating Committee, subject to the approval of the Board of Trustees
- (c) The Nominating Committee will annually review overall Board membership, Board Officers, committee structure and chairs, and actively recruit new members to the Board of Trustees—When potential new Trustee candidates are identified, the Committee will evaluate those candidates to ensure that their skills and experience complement those of existing Trustees and meet the needs of the Board for geographical representation, specific areas of expertise or influence, community leadership, commitment to fundraising and diversity—The Committee will present a slate of officers for election at the annual meeting of the Trustees—Whenever possible, the Committee will nominate a sufficient number of new Trustees to ensure that the number of elected Trustees approximates the number identified in Section 3.2 of these Bylaws

Section 5.4 GRANTS COMMITTEE

- (a) The Grants Committee will oversee the grant allocation process of the Foundation
- **(b)** The Board Chair shall appoint the Chair and all members of the Committee The Committee Chair may appoint individuals who are not Trustees to serve on the Committee, subject to ratification by the Board of Trustees

Section 5.5 INVESTMENT COMMITTEE

(a) The Investment Committee shall have and exercise the authority of the Foundation, subject to the limitations of ORS 65 354 and any successor statute, in providing general financial supervision of the Foundation

(b) The Board Chair shall appoint the Chair and all members of the Committee The Committee Chair may appoint individuals who are not Trustees to serve on the Committee, subject to ratification by the Board of Trustees

Section 5.6 OTHER COMMITTEES AND SUBCOMMITTEES

The Board of Trustees may create, assign functions to, and abolish other committees and subcommittees. Such committees and subcommittees shall not have or exercise any authority of the Board of Trustees in the operation and affairs of the Foundation unless authorized by the Board of Trustees to exercise such authority with respect to specific matters. The Chair shall appoint the chair and all members of such committees and subcommittees.

Section 5.7 QUORUM

One-third (1/3) of the voting members of any committee shall constitute a quorum for the conduct of business Nonvoting members of a committee shall not be counted toward a quorum

Section 5.8 MEETINGS

- (a) Meetings of committees shall be called by the Chair, the chair of the committee, or a majority of the committee's voting members. Each committee shall meet as often as necessary to perform its duties, and, unless required by these Bylaws to meet more frequently, shall meet not less than once each year
- **(b)** Board committees may provide by resolution for the place, time and hour of regular meetings. Such resolution may provide that its adoption shall constitute notice of such meetings. If no such provision is made, notice of regular meetings shall be given in writing at least seven (7) days prior to the date of the meeting. Special meetings may be held on notice of twenty-four (24) hours given in a reasonable manner.

Section 5.9 MINUTES

Each committee shall keep written minutes of its meetings which shall be transmitted to the Board of Trustees At least once each year, each committee shall report to the Board of Trustees on its work

Section 5.10 TENURE, REMOVAL AND VACANCIES

- (a) Unless otherwise provided in these Bylaws, the chair and members of each committee shall hold their positions until their successors are appointed, unless they shall sooner resign, be removed from the committee, or cease to hold the position which is the basis for their appointment
 - (b) The Board of Trustees may remove any appointed member of any Board

committee Removal from a committee assignment shall not, in and of itself, constitute a removal of that person from their position as a Trustee Any person who is a member of a committee because he or she holds a designated position shall cease to be a member of the committee when he or she ceases to hold such position

(c) Vacancies in any committee may be filled at any time for the unexpired portion of the term in the manner provided in these Bylaws for regular appointment to such position

ARTICLE 6

Records and Execution of Documents

Section 6.1 RECORDS

The Foundation shall maintain adequate and correct books, records and accounts of its business and properties All of such books, records and accounts shall be kept at its place of business

Section 6.2 INSPECTION

All books, records and accounts of the Foundation, and the original or a certified copy of the Articles of Incorporation, the Bylaws and any amendments thereto, shall be open to inspection by the Member and the Trustees in the manner and to the extent required by law

Section 6.3 SIGNATURE AUTHORITY

All checks, drafts or other orders for payment of money, notes or other evidences of indebtedness issued in the name of or payable to Foundation shall be signed or endorsed by such person or persons and in such manner as shall be determined by policies of the Member

Section 6.4 ANNUAL AUDIT

An annual audit or review shall be made of the books and accounts of Foundation by auditors designated by the Member

Section 6.5 FISCAL YEAR

The fiscal year of Foundation shall be the annual period ending March 31

Section 6.6 EXECUTION OF DOCUMENTS

Except as otherwise provided in these Bylaws, an officer or agent may enter into any contract or execute any instrument in the name of and on behalf of Foundation if so authorized by policies of the Member Such authority may be general or confined to specific instances

ARTICLE 7

Investment Policy

Foundation shall allocate and manage its funds in a manner consistent with the Master Investment Policy adopted by the Sole Member or by Legacy Health ("Policy"), unless authorized by the Chief Financial Officer of the Sole Member to depart from the terms of the Policy

ARTICLE 8

Indemnification, Insurance and Limitation of Liability

Indemnification, insurance and limitation of liability shall be as provided in the Articles of Incorporation of the Foundation

ARTICLE 9

Amendments

These Bylaws may be amended or repealed or new Bylaws adopted upon a vote of the Board of Trustees and approval by the Member Proposals for amendments to the Bylaws may be made by the Board of Trustees, the Executive Committee or the Member

ARTICLE 10

General Provisions

Section 10.1 ACTION WITHOUT A MEETING

Any action required or permitted to be taken at any meeting of the Board of Trustees or any committee may be taken without a meeting if a consent in writing, setting forth the action taken, is signed by all persons entitled to vote with respect to the subject matter thereof Such consent shall have the same force and effect as a unanimous vote

Section 10.2 WAIVER OF NOTICE

A waiver of notice of any meeting of the Member, Board of Trustees or

committee which is in writing and signed at any time by the person entitled to notice shall be equivalent to the giving of required notice. Attendance at a meeting shall constitute a waiver of notice of such meeting, except where the person attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Notice of the time and place of holding an adjourned meeting need not be given if such time and place is fixed at the meeting adjourned.

CERTIFICATE OF SECRETARY

The undersigned hereby certifies that s(he) is the duly elected and acting Secretary of Good Samaritan Foundation. The within and foregoing Bylaws consisting of 14 pages were adopted by the Board of Trustees on July 17, 2001, were amended on May 21, 2002, February 6, 2003, September 20, 2006, February 14, 2007 and were further amended on January 8, 2009. These Bylaws were adopted by the vote of a majority of the number of Trustees in office which vote was taken at a meeting of the Board of Trustees of Good Samaritan Foundation on March 22, 2012 at which a quorum was present and acting throughout, and were approved by the Sole Member, Legacy Good Samaritan Hospital and Medical Center, on March 22, 2012.

Certified this 22nd day of March, 2012.

Good Samaritan Foundation

Title: Secretary