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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
PEACEHEALTH

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1115 SE 164TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
VANCOUVER, WA 98683

F Name and address of principal officer
VAL BACIARELLI
1115 SE 164TH AVENUE
VANCOUVER, WA 98683

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () ◀(insert no)☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW.PEACEHEALTH.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1976

M State of legal domicile WA

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities WE CARRY ON THE HEALING MISSION OF JESUS CHRIST		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
Revenue	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	18,265
	6	Total number of volunteers (estimate if necessary)	6	2,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,855,566
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-9,084,475
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,399,457	8,743,245
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,083,955,081	2,496,127,575
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,226,939	25,707,738
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,296,419	13,893,803
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,249,877,896	2,544,472,361
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,131,464	2,114,114
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,241,652,923	1,347,021,579
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,846,875		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	891,545,158	1,034,841,677
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,135,329,545	2,383,977,370
	19	Revenue less expenses Subtract line 18 from line 12	114,548,351	160,494,991
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,466,898,309	3,638,442,919
	21	Total liabilities (Part X, line 26)	1,713,511,288	1,740,829,232
	22	Net assets or fund balances Subtract line 21 from line 20	1,753,387,021	1,897,613,687

Part II

Signature Block

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

Sign Here

Signature of officer

2016-04-29
Date

VAL BACIARELLI SVP OPERATIONS
Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

WE CARRY ON THE HEALING MISSION OF JESUS CHRIST BY PROMOTING PERSONAL AND COMMUNITY HEALTH, RELIEVING PAIN AND SUFFERING, AND TREATING EACH PERSON IN A LOVING AND CARING WAY

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,122,384,288 including grants of \$ 2,114,114) (Revenue \$ 2,451,441,065)

HOSPITALS, CLINICS, MEDICAL GROUPS, AND LABORATORIES FOUNDED BY THE SISTERS OF ST JOSEPH OF PEACE, PEACEHEALTH HAS PROVIDED EXCEPTIONAL MEDICINE AND COMPASSIONATE CARE TO NORTHWEST COMMUNITIES FOR MORE THAN A CENTURY PEACEHEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH HOSPITALS, CLINICS, MEDICAL GROUP CLINICS AND LABORATORIES LOCATED IN ALASKA, WASHINGTON AND OREGON RURAL COMMUNITIES RELY ON THEIR HOSPITALS AS CRITICAL COMPONENTS OF THE COMMUNITIES' ECONOMIC AND SOCIAL FABRIC THESE HOSPITALS ARE TYPICALLY THE LARGEST OR SECOND LARGEST EMPLOYER IN THE COMMUNITY, AND OFTEN STAND ALONE IN THEIR ABILITY TO OFFER HIGHLY-SKILLED JOBS COMMENTARY CONTINUED ON SCHEDULE O CHARITY CARE AND COMMUNITY BENEFITS PEACEHEALTH PROVIDES FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO PAY FOR SERVICE BRIDGE ASSISTANCE PATIENTS RECEIVE CARE AT REDUCED COST OR NO CHARGE WHEN IT IS DETERMINED THAT PAYMENT CANNOT BE OBTAINED THROUGH INSURANCE, OUTSIDE AGENCIES, OR PRIVATE MEANS PEACEHEALTH OFFERS INFORMATION ON AVAILABLE ASSISTANCE PRIOR TO ADMISSION BRIDGE ASSISTANCE IS ALSO AVAILABLE POST-CARE THROUGH FINANCIAL COUNSELING OTHER COMMUNITY BENEFIT COSTS INCLUDE THE UNREIMBURSED COST OF MEDICAID AND GOVERNMENT PROGRAMS, HEALTH EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES NET COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING ACTIVITIES FOR TAX YEAR 2014 WAS \$223,490,060 AS INDICATED ON THE SCHEDULE H IN PART I, LINE 7K COLUMN (E) AND PART II, LINE 10 COLUMN (E)

4b

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

4c

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

4d
























Other program services (Describe in Schedule O)

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

4e

Total program service expenses 2,122,384,288

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part II 	4 Yes	
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 	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
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 Yes	
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 Yes	
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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,592	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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.	18,265	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
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.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
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
7a	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	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OR , WA , AK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records SPENCER URBAN ACCOUNTANT 1115 SE 164TH AVENUE VANCOUVER, WA 98683 (360) 729-1000	

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2014)

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	14,766,817	0	2,260,311

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶24

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689	CONSULTING	10,491,008
NURSEFINDERS LLC 524 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	HEALTHCARE STAFFING	8,132,437
MCKESSON TECHNOLOGIES INC 5995 WINWARD PARKWAY ALPHARETTA, GA 30005	SOFTWARE IMPLEMENTATION	7,464,897
COGENT HEALTHCARE OF WASHINGTON PO BOX 9221 BELFAST, ME 04915	HOSPITALIST AND INTENSIVIST SERVICES	4,234,961
COMPHEALTH INC 4021 S 700 E STE 300 SALT LAKE CITY, UT 84107	HEALTHCARE STAFFING	4,000,658

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶236

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	3,505,360			
	e	Government grants (contributions) 1e	2,181,125			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,056,760			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	8,743,245			
Program Service Revenue	2a	PATIENT SERVICE REV				
		Business Code				
		621110	2,471,030,650	2,429,860,757	41,169,893	
	b	OTHER OPERATING REV				
		621110	25,096,925	21,580,308	3,516,617	
	c					
	d					
	e					
Other Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f	2,496,127,575			
	3	Investment income (including dividends, interest, and other similar amounts)	23,324,293		43,601	23,280,692
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	2,421,370			2,421,370
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	2,383,445			2,383,445
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	CAFETERIA	900099		1,125,455	10,346,978
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	11,472,433			
	12	Total revenue. See Instructions	2,544,472,361	2,451,441,065	45,855,566	38,432,485

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,836,959	1,836,959		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	277,155	277,155		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,027,128	14,899,512	2,127,616	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,092,214,119	955,737,079	134,776,306	1,700,734
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,296,696	60,637,764	8,658,932	
9	Other employee benefits	93,437,738	81,762,275	11,381,699	293,764
10	Payroll taxes	75,045,898	65,668,577	9,263,130	114,191
11	Fees for services (non-employees)				
a	Management	38,651,690	33,821,988	4,829,702	
b	Legal	2,008,912		2,003,807	5,105
c	Accounting	629,737		523,551	106,186
d	Lobbying	244,000		244,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	149,803,447	131,084,836	18,316,315	402,296
12	Advertising and promotion	3,739,427	3,739,427		
13	Office expenses	8,967,333		8,967,333	
14	Information technology	33,564,130	29,370,141	4,193,989	
15	Royalties				
16	Occupancy	42,378,088	37,082,757	5,291,307	4,024
17	Travel	14,020,888	12,268,915	1,678,546	73,427
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,438		48,438	
20	Interest	31,232,115	31,232,115		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	155,446,538	116,527,025	38,892,705	26,808
23	Insurance				
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	MED SUPPLIES & SERVICES	312,739,250	312,739,250		
b	OTHER TAX	94,619,616	93,453,509	1,155,727	10,380
c	BAD DEBT	68,046,598	68,046,598		
d	OTHER OPERATING EXPENSE	52,043,471	45,540,407	6,393,104	109,960
e	All other expenses	26,657,999	26,657,999		
25	Total functional expenses. Add lines 1 through 24e	2,383,977,370	2,122,384,288	258,746,207	2,846,875
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		125,073,770	1	236,611,199
	2	Savings and temporary cash investments		424,222,414	2	351,436,853
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		303,464,012	4	355,531,731
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	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.			6	
	7	Notes and loans receivable, net		44,828,232	7	41,617,775
	8	Inventories for sale or use		40,135,099	8	42,242,683
	9	Prepaid expenses and deferred charges		16,815,295	9	20,555,582
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a2,666,740,207			
	b	Less: accumulated depreciation	10b1,288,986,707	1,324,348,445	10c	1,377,753,500
	11	Investments—publicly traded securities		1,041,798,780	11	1,063,971,693
	12	Investments—other securities. See Part IV, line 11.		35,273,249	12	32,338,766
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets		35,137,100	14	34,836,150
	15	Other assets. See Part IV, line 11.		75,801,913	15	81,546,987
	16	Total assets. Add lines 1 through 15 (must equal line 34).		3,466,898,309	16	3,638,442,919
Liabilities	17	Accounts payable and accrued expenses		325,252,039	17	386,393,742
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,062,668,024	20	700,520,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		11,589,540	23	750,140
	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.		314,001,685	25	653,165,350
	26	Total liabilities. Add lines 17 through 25.		1,713,511,288	26	1,740,829,232
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,695,916,720	27	1,833,895,375
	28	Temporarily restricted net assets		40,303,066	28	39,506,824
	29	Permanently restricted net assets		17,167,235	29	24,211,488
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,753,387,021	33	1,897,613,687
	34	Total liabilities and net assets/fund balances		3,466,898,309	34	3,638,442,919

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,544,472,361
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,383,977,370
3	Revenue less expenses Subtract line 2 from line 1	3	160,494,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,753,387,021
5	Net unrealized gains (losses) on investments	5	-3,799,166
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	-12,469,159
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,897,613,687

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

Software ID:

Software Version:

EIN: 91-0939479

Name: PEACEHEALTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) SR ANDREA NENZEL CSJP CHAIRMAN	40 00 0 00	X		X				0	0	0	
(1) SR ANNE HAYES CSJP DIRECTOR	2 00 0 00	X		X				0	0	0	
(2) RON PRILL DIRECTOR	2 00 0 00	X		X				0	0	0	
(3) DIETER MORICH MD DIRECTOR	2 00 0 00	X						0	0	0	
(4) GRETCHEN PIERCE DIRECTOR	2 00 0 00	X						0	0	0	
(5) ROLAND TRENOUTH MD DIRECTOR	2 00 0 00	X						0	0	0	
(6) LEE KEARNEY DIRECTOR	2 00 0 00	X						0	0	0	
(7) SR NORAH CLARKE CSJP DIRECTOR	2 00 0 00	X						0	0	0	
(8) ROBERT DE VITA DIRECTOR	2 00 0 00	X						0	0	0	
(9) CAROL SHERIDAN DIRECTOR	2 00 0 00	X						0	0	0	
(10) SR MARGARET DIMOND CSJP DIRECTOR	2 00 0 00	X						0	0	0	
(11) SR KATHLEEN PRUITT CSJP DIRECTOR	2 00 0 00	X						0	0	0	
(12) RICK WOLLENBERG DIRECTOR	2 00 0 00	X						0	0	0	
(13) ALAN YORDY PRESIDENT EMERITUS	40 00 0 00			X				1,186,849	0	320,353	
(14) BETH O'BRIEN CHIEF OPERATING OFFICER	40 00 0 00			X				470,686	0	2,344	
(15) STUART P HENNESSEY SENIOR VP	40 00 0 00			X				937,496	0	252,864	
(16) KEVIN WALSTROM SENIOR VP	40 00 0 00				X			634,565	0	238,497	
(17) MARK MCCAMPBELL VP	40 00 0 00				X			312,870	0	48,440	
(18) RYAN BALL SENIOR VP	40 00 0 00				X			432,861	0	21,423	
(19) NANCY STEIGER SENIOR VP	40 00 0 00				X			655,957	0	232,744	
(20) CAROL AARON SENIOR VP	40 00 0 00				X			558,140	0	200,175	
(21) ELAINE SVIGEL DUNDA SENIOR VP	40 00 0 00				X			668,185	0	179,905	
(22) HOWARD GRAMAN MD SENIOR VP	40 00 0 00				X			947,738	0	287,306	
(23) JOSIAH JOHNSON SENIOR VP	40 00 0 00				X			507,538	0	191,104	
(24) JOHN HILL SENIOR VP	40 00 0 00				X			676,381	0	159,640	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RAN WHITEHEAD CEO - PEACEHEALTH LABS	40 00 0 00				X			362,239	0	68,259
(1) JOSEPH KORTUM SENIOR VP	40 00 0 00				X			842,710	0	-408,211
(2) ANNA KAY DYKES SENIOR VP	40 00 0 00				X			201,066	0	18,438
(3) PATRICIA ROSCOE SENIOR VP	40 00 0 00				X			358,227	0	23,739
(4) DAN HEIN SENIOR VP	40 00 0 00				X			286,058	0	27,213
(5) RAND O'LEARY PRESIDENT HOSPITAL SERVICES - OREGON	40 00 0 00				X			163,307	0	1,729
(6) DENNIS GORY MD	40 00 0 00					X		925,436	0	94,826
(7) ERIC HAUCK MD	40 00 0 00					X		1,194,248	0	103,345
(8) JORGE ELLER MD	40 00 0 00					X		848,263	0	13,049
(9) DAVID DUKE MD	40 00 0 00					X		815,423	0	97,904
(10) FRANCES MUNKENBECK MD	40 00 0 00					X		780,574	0	85,225

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PEACEHEALTH	Employer identification number 91-0939479
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Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

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

7

☐

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

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in 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 in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PEACEHEALTH	Employer identification number 91-0939479
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		244,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?		No	
j	Total. Add lines 1c through 1i.			244,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	PEACEHEALTH DOES NOT ENGAGE IN ANY LOBBING ACTIVITIES THROUGH ITS EMPLOYEES OR RELATED ORGANIZATIONS. PEACEHEALTH PAYS OUTSIDE CONSULTING FIRMS FOR LOBBYING WORK. THESE FIRMS WORK WITH FEDERAL AND STATE LEGISLATURE ON PENDING OR EXISTING LEGISLATION THAT IMPACTS PEACEHEALTH HOSPITAL OPERATIONS.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization PEACEHEALTH	Employer identification number 91-0939479
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

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

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 32,158,276 | 42,466,288 | 25,724,507 | | |
| b Contributions | 1,882,561 | 175,566 | 15,739,128 | 26,359,503 | |
| c Net investment earnings, gains, and losses | 1,037,344 | 4,020,665 | 1,178,809 | -301,830 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 14,504,243 | 176,156 | 333,166 | |
| f Administrative expenses | | | | | |
| g End of year balance | 35,078,181 | 32,158,276 | 42,466,288 | 25,724,507 | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 18 160 %

b

Permanent endowment ▶ 61 790 %

c

Temporarily restricted endowment ▶ 20 050 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,430,130		72,430,130
b Buildings		1,504,746,025	715,349,325	789,396,700
c Leasehold improvements		66,024,133	15,400,526	50,623,607
d Equipment		896,740,573	558,236,856	338,503,717
e Other		126,799,346		126,799,346
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				1,377,753,500

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE REPORTED ENDOWMENT FUNDS BELONG TO THE PEACEHEALTH FOUNDATIONS THE PEACEHEALTH FOUNDATIONS ARE SEPARATELY INCORPORATED AND EACH FOUNDATION FILES A SEPARATE FORM 990 REFER TO THE SCHEDULE R, PART II FOR A LISTING OF THESE RELATED FOUNDATIONS THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR 1) THE PURCHASE OF PROPERTY, PLANT, AND EQUIPMENT 2) SUPPORT FOR HOSPICE AND INDIGENT CARE 3) PATIENT CARE AND OTHER OPERATING ACTIVITIES
PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE CONSOLIDATED FINANCIAL STATEMENTS FOOTNOTE (2)(V) - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, FEDERAL AND STATE INCOME TAXES THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT EXCEEDS A 50 PERCENT PROBABILITY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN ESTIMATE OCCURS

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1	1	PROGRAM SERVICES	HEALTHCARE TO VULNERABLE POPULATIONS	277,155
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			277,155
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			277,155

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	PROGRAM SERVICES	277,155	BANK TRANSFER	0		
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

1

3

Enter total number of other organizations or entities ▶

0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	PEACEHEALTH OPERATES A MEDICAL MISSION PROGRAM IN EL SALVADOR THIS MISSION USES PEACEHEALTH MEDICAL PROFESSIONALS TO RENDER HEALTHCARE ASSISTANCE TO PEOPLE WITH LIMITED FINANCIAL RESOURCES THESE ACTIVITIES ARE IN THE PEACEHEALTH BUDGET AND ARE INCLUDED IN THE OPERATING RESULTS OF PEACEHEALTH THE SAME AS OTHER PEACEHEALTH OPERATIONS THE MISSION PROGRAM IS SUBJECT TO THE SAME MANAGEMENT CONTROL AND OVERSIGHT AS THE ORGANIZATION'S DOMESTIC PROGRAMS

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,494,435	1,500,005	18,994,430	0 800 %
b Medicaid (from Worksheet 3, column a)			540,273,188	349,346,165	190,927,023	8 010 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			560,767,623	350,846,170	209,921,453	8 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,350,080	588,971	1,761,109	0 070 %
f Health professions education (from Worksheet 5)			8,841,233	970,515	7,870,718	0 330 %
g Subsidized health services (from Worksheet 6)			32,925	23,861	9,064	0 %
h Research (from Worksheet 7)			274,090	162,423	111,667	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,805,293	51	3,805,242	0 160 %
j Total. Other Benefits			15,303,621	1,745,821	13,557,800	0 560 %
k Total. Add lines 7d and 7j			576,071,244	352,591,991	223,479,253	9 370 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other			10,807		10,807	0 %
10Total			10,807		10,807	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

68,046,598

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

24,025,652

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

487,786,134

6Enter Medicare allowable costs of care relating to payments on line 5.

6

564,811,589

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-77,025,455

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Section A. Hospital Facilities

10

See Additional Data Table

Other (describe)

Facility reporting group

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PEACEHEALTH.ORG</u>		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	a If "Yes" (list url) <u>WWW.PEACEHEALTH.ORG - IN THE CHNAS</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
	b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP A			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP B

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) WWW.PEACEHEALTH.ORG		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	a If "Yes" (list url) WWW.PEACEHEALTH.ORG - IN THE CHNA		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
	b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP B			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW PEACEHEALTH ORG			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW PEACEHEALTH ORG			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW PEACEHEALTH ORG			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?		17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP B

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP C

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	No
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	
a <input type="checkbox"/> Hospital facility's website (list url) _____		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP C			Yes	No
Name of hospital facility or letter of facility reporting group				
Financial Assistance Policy (FAP)				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</u>			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u>			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP C			
Name of hospital facility or letter of facility reporting group			
		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
		24	No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	PEACEHEALTH USES THE FEDERAL POVERTY GUIDELINES (FPL) AS WELL AS THE FOLLOWING CRITERIA FOR DETERMINING THE AMOUNT OF FINANCIAL ASSISTANCE THAT WILL BE PROVIDED EACH INDIVIDUAL SITUATION IS REVIEWED INDEPENDENTLY WITH ALLOWANCES MADE FOR EXTENUATING CIRCUMSTANCES ASSETS ARE NOT CONSIDERED FOR FINANCIAL ASSISTANCE APPLICANTS WHOSE ANNUALIZED GROSS INCOME FALLS BELOW 200 PERCENT OF THE FPL ASSETS MAY BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR APPLICANTS WHOSE GROSS HOUSEHOLD INCOME IS BETWEEN 201-400 PERCENT OF FPL CONSIDERATION FOR FINANCIAL ASSISTANCE INCLUDES A REVIEW OF * GROSS HOUSEHOLD INCOME * NUMBER OF PEOPLE IN THE HOME * SECURABLE ASSETS EXCLUDING PRIMARY RESIDENCE * BANK, BROKERAGE, AND RETIREMENT ACCOUNTS * SPECIAL MEDICAL COSTS * OTHER INDICATORS OF ABILITY TO PAY * OTHER EXTENUATING CIRCUMSTANCES EXAMPLES INCLUDE THE REMAINING BALANCE AFTER ALL POLICY REDUCTIONS, MEDICAL STATUS OF THE PATIENT OR PATIENTS FAMILY, AND LEVEL AND TYPE OF ASSETS EQUITY IN THE PRIMARY RESIDENCE IS EXCLUDED FROM THE ASSET CALCULATION IF THE ASSET CONSISTS OF REAL PROPERTY, THE ASSET CONSIDERED IS THE DIFFERENCE BETWEEN THE VALUE OF THE ASSET AND THE AMOUNT OWED AGAINST THE ASSET A \$3,000 ASSET EXEMPTION IS ALLOWED FOR HOUSEHOLDS WITH 1 MEMBER, AND AN ADDITIONAL \$500 IS ALLOWED FOR EACH ADDITIONAL HOUSEHOLD MEMBER ASSETS OUTSIDE OF THE EXEMPTIONS LISTED ABOVE MAY BE USED TO DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED TO APPLICANTS WITH HOUSEHOLD INCOME BETWEEN 201-400% OF FPL

Form and Line Reference	Explanation
PART I, LINE 7	THE COSTING METHOLODOGY USED TO DETERMINE THE AMOUNTS REPORTED ON PART I, LINE 7 IS AS FOLLOWS COST TO CHARGE RATIOS WERE CALCULATED BY TOTAL BUSINESS UNIT OPERATING EXPENSE DIVIDED BY TOTAL GROSS PATIENT REVENUE THIS RATIO WAS THEN APPLIED TO THE PATIENT CHARGES BY FINANCIAL CLASS IN THE BUSINESS UNIT TO ESTIMATE COST BY FINANCIAL CLASS THE COST BY FINANCIAL CLASS WAS THEN OFFSET BY REVENUE, INCLUDING ALLOCATIONS OF REVENUE OUTSIDE OF THE BILLING SYSTEM THE REVENUE OUTSIDE OF THE BILLING SYSTEM CONSISTS OF PROVIDER TAXES, 3RD PARTY SETTLEMENTS, AND OTHER OFFSETTING REVENUE RECORDED IN THE GENERAL LEDGER FOR CHARITY CARE, THE COST TO CHARGE RATIO WAS APPLIED ALL CHARITY CARE DEDUCTIONS

Form and Line Reference	Explanation
PART I, LINE 2	WE APPLY THE SAME FINANCIAL ASSISTANCE POLICY TO ALL HOSPITAL FACILITIES THE BOARD OF DIRECTORS DETERMINED THAT THIS IS EQUITABLE TO EACH OF OUR COMMUNITIES AND CONSISTENT WITH OUR MISSION TO PROMOTE PERSONAL AND COMMUNITY HEALTH OUR FINANCIAL ASSISTANCE POLICY INCLUDES DISCOUNTS FOR UP TO 400% OF FEDERAL POVERTY GUIDELINES

Form and Line Reference	Explanation
PART III, LINE 2	REFER TO PART III, LINE 4 EXPLANATION FOR A DESCRIPTION OF THE METHODOLOGY FOR COMPUTING BAD DEBTS THE AMOUNTS REPORTED REPRESENT THE PATIENT ACCOUNT BALANCES WRITTEN OFF TO BAD DEBT DURING THE YEAR ALONG WITH THE CHANGE IN THE ESTIMATE IN THE BAD DEBT RESERVES ON OUTSTANDING PATIENT ACCOUNTS RECEIVABLE BALANCES LESS ANY RECOVERIES ON PATIENT ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 3	THE ORGANIZATION USED DEMOGRAPHIC DATA REGARDING POPULATION POVERTY LEVELS IN EACH FACILITY'S SERVICE AREA TO DETERMINE THE AMOUNT OF BAD DEBT REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR THE FACILITY'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	THE COMMUNITY BUILDING ACTIVITIES ON ROW 9 (OTHER) ARE FROM AN EVENT CALLED THE DAY OF CARING THIS EVENT HAD EMPLOYEE VOLUNTEERS HELPING LOCAL CHARITIES IN LANE COUNTY, OREGON AND COWLITZ COUNTY, WASHINGTON

Form and Line Reference	Explanation
PART III, LINE 4	6/30/2015 AUDITED FINANCIAL STATEMENTS - FOOTNOTE (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, SECTION (O) NET PATIENT SERVICE REVENUE THE CORPORATION PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE CORPORATION

Form and Line Reference	Explanation
PART III, LINE 8	THE CALCULATION FOR PART III, LINE 8 IS COMPLETED USING MEDICARE COST REPORT DATA THE MEDICARE AMOUNTS LISTED IN PART III, SECTION B ON LINES 5, 6, AND 7 ARE REPORTED FROM THE MEDICARE COST REPORTS AND DO NOT DO NOT REPRESENT ALL OF THE REVENUES AND COSTS ASSOCIATED WITH PARTICIPATION IN MEDICARE PROGRAMS BY PEACEHEALTH PART III SECTION B DOES NOT ALLOW FOR A FULL REPORTING OF MEDICARE REVENUES AND COSTS AS THE INSTRUCTIONS TO THE FORM 990 LIMIT MEDICARE REVENUES AND ALLOWABLE COSTS TO THOSE FROM THE MEDICARE COST REPORT REVENUE AND COSTS FROM MEDICARE PART C PATIENTS, PART B PHYSICIAN SERVICES BILLED BY THE ORGANIZATION, AND CLINICAL LABORATORY SERVICES WERE NOT INCLUDED IN THE MEDICARE COST REPORT IN ADDITION, HOSPITALS INCUR OTHER COSTS TO PROVIDE CARE THAT MEDICARE DOES NOT ALLOW IN THE COST REPORT THE TOTAL REVENUES AND COSTS ATTRIBUTABLE TO ALL MEDICARE SERVICES ARE 660,853,216 AND 842,006,202 RESPECTIVELY THIS RESULTS IN A TOTAL MEDICARE SHORTFALL OF 181,152,986

Form and Line Reference	Explanation
PART III, LINE 9B	FINANCIAL ASSISTANCE PROGRAM INFORMATION IS PRESENT ON PEACEHEALTH STATEMENTS AND BILLINGS. ACCOUNTS ARE NOT ASSIGNED TO COLLECTION AGENCIES PRIOR TO 120 DAYS FROM THE DATE OF FIRST BILLING. FINANCIAL ASSISTANCE APPLICATIONS FOR ACCOUNTS THAT HAVE BEEN ASSIGNED TO A COLLECTION AGENCY MUST BE SUBMITTED WITH PROOF OF INCOME FOR THE DATE(S) OF SERVICE. IF A FINANCIAL ASSISTANCE APPLICATION IS RECEIVED FOR AN ACCOUNT PREVIOUSLY ASSIGNED TO COLLECTION, THE COLLECTION AGENCY IS REQUESTED TO HOLD FURTHER ACTIONS UNTIL THE RESULTS OF THE PENDING FINANCIAL ASSISTANCE REVIEW ARE AVAILABLE. IF THE REVIEW SHOWS THE PATIENT QUALIFIES FOR THE REDUCTION OR ELIMINATION OF THE DEBT, APPROPRIATE ACTIONS ARE TAKEN TO AMEND OR CORRECT PREVIOUS ACTIONS. THE COLLECTION POLICIES INVOLVE THE ISSUANCE OF A BILL ON OR SHORTLY AFTER DISCHARGE OR DEATH OF THE BENEFICIARY TO THE PARTY RESPONSIBLE FOR THE PATIENT'S PERSONAL FINANCIAL OBLIGATIONS. THESE POLICIES ALSO INCLUDE OTHER ACTIONS SUCH AS SUBSEQUENT BILLINGS, GARNISHMENT OF FUTURE EARNINGS OR WAGES, LIENS ON PATIENT ACCOUNTS, COLLECTION LETTERS AND TELEPHONE CALLS OR PERSONAL CONTACTS WITH THIS PARTY WHICH CONSTITUTE A GENUINE, RATHER THAN A TOKEN, COLLECTION EFFORT. COLLECTION EFFORTS MAY INCLUDE USING OR THREATENING TO USE COURT ACTION TO OBTAIN PAYMENT. NO ACTIONS CONSTITUTING EXTRAORDINARY COLLECTION ACTIONS ARE UNDERTAKEN PRIOR TO DETERMINING IF AN INDIVIDUAL IS FAP ELIGIBLE. REFER TO THE SCHEDULE H, PART V SECTION ON BILLING AND COLLECTIONS.

Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE COMMUNITY HEALTH NEEDS ASSESSMENT IS CUSTOMIZED TO THE LOCAL COMMUNITY EACH PEACEHEALTH HOSPITAL CONDUCTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT OR PARTNERS WITH OTHER PEACEHEALTH HOSPITALS TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT PEACEHEALTH PARTNERS WITH A DIVERSE GROUP OF COMMUNITY ORGANIZATIONS, INCLUDING MEDICAL PROFESSIONALS, OTHER NOT-FOR-PROFIT ORGANIZATIONS, AND STATE AND LOCAL GOVERNMENT AGENCIES TO IDENTIFY AND ASSESS THE SPECIFIC NEEDS OF THE COMMUNITIES IN WHICH IT SERVES IN ORDER TO DETERMINE AND ACT ON THE HEALTH CARE NEEDS OF THE COMMUNITY PEACEHEALTH WILL ENGAGE COMMITTEES OF STAFF, BOARD MEMBERS AND VOLUNTEERS TO REVIEW AND ACT ON FUNDING REQUESTS FROM COMMUNITY-BASED ORGANIZATIONS IN MAKING THE CASE FOR FUNDING, APPLICANTS MUST THOROUGHLY EXPLAIN THE NEED, THE POPULATION SERVED, THE EFFECTIVENESS OF THEIR PROGRAMS, AND THE DESIRED OUTCOME IN ADDITION TO HELPING BOARD COMMITTEES MAKE WISE STRATEGIC INVESTMENT IN PROGRAMS THAT EFFECTIVELY ADDRESS COMMUNITY NEEDS, THIS PROCESS ALSO KEEPS STAFF AND BOARD MEMBERS ATTUNED TO CHANGES IN THE COMMUNITY WHEN PEACEHEALTH EVALUATES A COMMUNITY'S NEED FOR A PARTICULAR SERVICE, A HOST OF FACTORS ARE ASSESSED, INCLUDING -ALTERNATIVE WAYS TO ACCESS CARE-THE ABILITY TO PROVIDE THE NECESSARY STAFF, EQUIPMENT AND SPACE-THE EFFECT ON THE COMMUNITY AND PATIENTS IF PEACEHEALTH DID NOT PROVIDE THE SERVICE-THE COMMUNITY'S BEST INTEREST-THE RESULTS OF AN ETHICAL DISCERNMENT ON THE OVERALL IMPACT TO THE COMMUNITY ADDITIONAL WAYS PEACEHEALTH STAYS IN TOUCH WITH THE COMMUNITY - PATIENT COUNCILS COMMUNITY MEMBERS PROVIDE INPUT AND FEEDBACK ON THE PATIENT EXPERIENCE, ISSUES, CONCERNS AND IDEAS - COMMUNITY INVOLVEMENT HOSPITAL STAFF SERVE ON NUMEROUS BOARDS, COMMITTEES AND TASK FORCES THAT ADDRESS COMMUNITY HEALTH PROBLEMS AND PROMOTE COMMUNITY HEALTH SPEAKERS BUREAU HOSPITAL LEADERS AND EXPERTS ARE CALLED UPON TO ADDRESS COMMUNITY GROUPS ON A VARIETY OF HEALTH CARE TOPICS, TAKING FEEDBACK, ANSWERING QUESTIONS AND LISTENING TO CONCERNS AND NEEDS</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PEACEHEALTH HAS A TIME-HONORED TRADITION OF PROVIDING HEALTH CARE SERVICES TO THE SICK AND AFFLICTED REGARDLESS OF ABILITY TO PAY THIS CONCEPT IS CENTRAL TO OUR MISSION AND IS REINFORCED THROUGH OUR NEW EMPLOYEE ORIENTATION, TRAINING AND DEVELOPMENT PROGRAMS, LEADERSHIP MEETINGS, AND SPECIAL PROGRAMS SUCH AS LEADERSHIP IN MINISTRY PEACEHEALTH DELIVERS COST SAVINGS TO NEEDY PATIENTS VIA OUR FINANCIAL ASSISTANCE POLICY (FAP) WHICH CONSISTS OF TWO PARTS BRIDGE FOR UNINSURED PATIENTS AND PATHWAYS FOR INSURED PATIENTS THE FAP PROGRAMS PROVIDE FREE OR REDUCED-COST CARE TO LOW-INCOME INDIVIDUALS IN THE SPIRIT OF OUR CORE VALUE OF "RESPECTING INDIVIDUAL HUMAN DIGNITY AND WORTH," PEACEHEALTH USES THE NAMES "BRIDGE AND PATHWAYS" SO THAT PEOPLE USING THESE PROGRAMS CAN REFER TO THEM WITHOUT DISCOMFORT OR EMBARRASSMENT QUALIFIED INDIVIDUALS RECEIVE A LETTER WHICH THEY MAY PRESENT JUST AS ONE WOULD AN INSURANCE CARD MANY INDEPENDENT PROVIDERS IN THE COMMUNITY NOW ACCEPT PEACEHEALTH'S FAP PROGRAMS AS THEIR BENCHMARK FOR PROVIDING SERVICES AT REDUCED OR NO CHARGE THE NAMES REFER TO BRIDGING THE GAP OF FINANCIAL UNCERTAINTY FOR OUR PATIENTS IN NEED OUR FAP ASSISTANCE PROVIDES MEDICALLY NECESSARY AND SOME PREVENTATIVE SERVICES AT PEACEHEALTH FACILITIES AT A REDUCED COST OR WITHOUT CHARGE WHEN PAYMENT CANNOT BE OBTAINED THROUGH ALL OTHER AVAILABLE FINANCIAL RESOURCES THE FAP PROGRAM IS SECONDARY TO ALL OTHER RESOURCES SUCH AS INSURANCE, THIRD PARTY LIABILITY PAYERS, GOVERNMENT PROGRAMS, OUTSIDE AGENCY PROGRAMS, OR PRIVATE MEANS THE PURPOSE OF THE PROGRAM IS TO HELP MANAGE THE DELICATE BALANCE OF FINANCIAL HEALTH AND WISE STEWARDSHIP WITH OUR MISSION OF PROVIDING COMMUNITY SERVICES IN ALL OF OUR SERVICE AREAS OUR FAP ENSURES THAT PATIENTS RECEIVE FAIR AND EQUAL FINANCIAL TREATMENT ACROSS PEACEHEALTH, AND IT WORKS TOGETHER WITH OUR FINANCIAL COUNSELING SERVICES TO HELP PEACEHEALTH IDENTIFY PATIENTS WHO CAN BENEFIT FROM BRIDGE OR PATHWAYS ASSISTANCE HERE IS AN EXAMPLE OF HOW WE WORK WITH OUR LOCAL COMMUNITIES TO ENROLL PEOPLE IN THE PROGRAM PEACEHEALTH ST JOSEPH MEDICAL CENTER WORKS CLOSELY WITH THE WHATCOM ALLIANCE AND THE AREA FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) TO ENSURE THAT ALL ELIGIBLE PATIENTS SEEKING MEDICAL CARE KNOW ABOUT THE PEACEHEALTH FINANCIAL ASSISTANCE PROGRAM ALLIANCE STAFF WORK WITH THE MEDICAL CENTER TO FOLLOW UP ON PATIENTS WHO FREQUENT THE EMERGENCY DEPARTMENT FOR CARE AND INFORM THEM OF AVAILABLE RESOURCES, INCLUDING POSSIBLE BRIDGE OR PATHWAYS ASSISTANCE PATIENTS REFERRED FROM COMMUNITY HEALTH CENTERS SEEKING ACCESS TO DONATED SPECIALTY CARE ARE ROUTINELY ENROLLED IN FINANCIAL ASSISTANCE AS PART OF THE PROCESS FOR DETERMINING ELIGIBILITY FOR COMMUNITY-WIDE DONATED CARE COMMUNICATION ELIGIBLE PATIENTS ARE MADE AWARE OF THIS PROGRAM THROUGH A VARIETY OF COMMUNICATION CHANNELS, INCLUDING -REFERRALS FROM COMMUNITY PARTNERS, INCLUDING NONPROFIT COMMUNITY CLINICS THAT ARE FREE OR LOW-COST -INFORMATION POSTED ON OUR WEB SITE AT WWW.PEACEHEALTH.ORG-SIGNAGE IN OUR WAITING ROOMS*-BROCHURES THROUGHOUT OUR FACILITIES**-FINANCIAL COUNSELING *AS PART OF OUR BASELINE OUTREACH PLAN, PEACEHEALTH POSTS SIGNS IN THE FOLLOWING AREAS -REGISTRATION AREAS-RECEPTION AREA-PAY STATIONS**BROCHURES ARE MADE AVAILABLE IN THE FOLLOWING AREAS -PHYSICIAN OFFICES-COUNTY HEALTH DEPARTMENTS-REGISTRATION BOOTH/DESK-CHECK-IN AREAS (LAB, IMAGING, ETC)-WAITING AREAS-EXISTING BROCHURE DISPLAYS-ADMINISTRATION-PATIENT EXAM ROOMS (PROVIDER OFFICES)-PAY STATIONS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>PEACEHEALTH OPERATES TEN HOSPITALS IN THREE STATES IN ALASKA, PEACEHEALTH RUNS THE KETCHI KAN MEDICAL CENTER IN KETCHIKAN IN OREGON, PEACEHEALTH OPERATES SACRED HEART MEDICAL CENT ER, UNIVERSITY DISTRICT (EUGENE), SACRED HEART MEDICAL CENTER AT RIVERBEND (SPRINGFIELD), PEACE HARBOR MEDICAL CENTER (FLORENCE), AND COTTAGE GROVE COMMUNITY MEDICAL CENTER (COTTAG E GROVE) IN WASHINGTON, PEACEHEALTH OPERATES SOUTHWEST WASHINGTON MEDICAL CENTER (VANCOUV ER), PEACEHEALTH ST JOHN MEDICAL CENTER (LONGVIEW), PEACEHEALTH ST JOSEPH MEDICAL CENTER (BELLINGHAM), PEACEHEALTH UNITED GENERAL MEDICAL CENTER (SEDRO-WOOLLEY), AND PEACEHEALTH PEACE ISLAND MEDICAL CENTER (FRIDAY HARBOR) COMMUNITY INFORMATION FOR KETCHIKAN, ALASKA NE ARLY 30% OF THE SERVICE AREAS POPULATION IS AMERICAN INDIAN OR ALASKAN NATIVE WITH 21 5% O F THE MORE POPULOUS KETCHIKAN GATEWAY BOROUGH AND 47 3% OF THE PRINCE OF WALES-HYDER CENSU S AREA BELONGING TO THIS RACE/ETHNICITY GROUP ALMOST 77% OF KETCHIKAN RESIDENTS ARE WHITE COMPARED TO 57 9% OF PRINCE OF WALES-HYDER AND 73 1% OF ALASKANS OVERALL ABOUT 10% OF TH E POPULATION IS 65 YEARS OF AGE OR OLDER, COMPARED TO 7 7% OF STATE OF ALASKA RESIDENTS AN D 13 0% OF UNITED STATES RESIDENTS COMMUNITY INFORMATION FOR EUGENE, OREGON THE US CENSUS 2010 PLACED THE POPULATION OF LANE COUNTY AT 351,715 RESIDENTS EUGENE, HOME TO THE UNIVER SITY OF OREGON, IS THE LARGEST CITY IN THE COUNTY WITH A 2010 POPULATION OF ABOUT 156,000 RESIDENTS, OR NEARLY 45% OF THE COUNTYS POPULATION THE EUGENE-SPRINGFIELD METRO AREA CONT AINS OVER 60% OF THE COUNTYS POPULATION OVER 88% OF THE POPULATION IN LANE COUNTY IS WHITE , IN CONTRAST TO OVER 83% IN THE STATE OF OREGON LANE COUNTY CURRENTLY HAS FEWER RESIDENT S OF HISPANIC ANCESTRY (7 4%) THAN EITHER THE STATE (11 4%) OR THE NATION (16 3%), BUT HIS PANICS ARE THE LARGEST AND FASTEST GROWING MINORITY GROUP IN THE COUNTY SPRINGFIELD HAS A SIGNIFICANTLY HIGHER PERCENTAGE OF HISPANIC RESIDENTS (12 1%) THAN ANY OF THE OTHER CITIE S IN LANE COUNTY THE AGE DEMOGRAPHICS VARY SIGNIFICANTLY BY COMMUNITY OVERALL, LANE COUNT Y HAS A LARGER ELDERLY POPULATION THAN EITHER THE STATE OR NATION (ABOUT 15% VS 14% AND 1 3%, RESPECTIVELY) THIS FINDING HAS SIGNIFICANT IMPLICATIONS FOR OVERALL HEALTH, AS WELL A S FOR THE NEED FOR HEALTH CARE SERVICES SPRINGFIELD, EUGENE AND CRESWELL HAVE MUCH SMALLE R ELDERLY POPULATIONS, BARELY OVER 10% STRIKINGLY, MORE THAN A THIRD OF THE POPULATION OF FLORENCE IS 65 YEARS OF AGE OR OLDER COMMUNITY INFORMATION FOR SPRINGFIELD, OREGON REFER TO THE PREVIOUSLY LISTED INFORMATION FOR EUGENE, OREGON AND LANE COUNTY FOR THE PURPOSE OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE SERVICE AREA FOR PEACEHEALTH SACRED HEART A T RIVERBEND WAS DEFINED AS LANE COUNTY THIS DEFINITION WAS BASED IN PART ON THE FACT THAT MORE THAN 80% OF PEACEHEALTH SACRED HEARTS INPATIENTS IN 2011 WERE RESIDENTS OF LANE COUN TY IN ADDITION, SACRED HEART AT RIVERBEND SERVES AS THE REGIONAL REFERRAL HOSPITAL FOR OT HER PROVIDERS IN LANE COUNTY COMMUNITY INFORMATION FOR FLORENCE, OREGON PEACE HARBORS SERV ICE AREA HAS APPROXIMATELY 28,000 RESIDENTS, MOST OF WHOM RESIDE IN FLORENCE REEDSPORT, WALDPORT AND YACHATS ARE THE ONLY OTHER COMMUNITIES WITH MORE THAN 1,000 RESIDENTS OVERALL , THE SERVICE AREA IS RURAL AND OVERWHELMINGLY WHITE, RANGING FROM 98% IN SWISSHOME TO 94% IN GARDINER THE HISPANIC POPULATION COMPRISES 4% OF THE POPULATION, SIGNIFICANTLY LOWER THAN LANE COUNTY, OF WHICH 7 4% OF THE POPULATION IS OF HISPANIC ANCESTRY THE MOST STRIKI NG DEMOGRAPHIC FEATURE OF THE SERVICE AREA IS THE LARGE SENIOR CITIZEN POPULATION SENIOR CITIZENS COMPRISE OVER 15% OF THE POPULATION OF LANE COUNTY, BUT OVER 31% OF RESIDENTS OF THE SERVICE AREA RESIDENTS ARE 65 OR OLDER AT LEAST 20% OF THE POPULATION IN EACH COMMUNI TY IS AT LEAST 65 YEARS OF AGE, AND IN FLORENCE, FULLY 35% OF RESIDENTS ARE 65 OR OLDER T HIS LARGE ELDERLY POPULATION, ALONG WITH TOURISM, HAS BECOME AN IMPORTANT PART OF THE LOCA L ECONOMY AS THE TIMBER AND FISHING INDUSTRIES HAVE DECLINED COMMUNITY INFORMATION FOR COT TAGE GROVE, OREGON COTTAGE GROVE OFFERS PROGRAMS TO THE APPROXIMATELY 40,000 RESIDENTS OF THE SERVICE AREA THE SERVICE AREA IS PREDOMINANTLY WHITE WITH A GROWING HISPANIC POPULATI ON AT THE 2010 CENSUS, 5% OF THE POPULATION WAS OF HISPANIC ORIGIN IN COMPARISON TO OVER 7 % OF LANE COUNTY STRIKINGLY, THE SERVICE AREA HAD A MUCH LARGER SENIOR CITIZEN POPULATION IN COMPARISON TO LANE COUNTY WITH THE EXCEPTION OF CRESWELL AND DEXTER, THE PERCENT OF T HE POPULATION THAT IS 65 OR OLDER IS GREATER THAN THAT OF LANE COUNTY AS A WHOLE MOST STR IKING IS ELKTON WHERE 27% OF THE POPULATION WAS AT LEAST 65 YEARS OLD COMMUNITY INFORMATIO N FOR VANCOUVER, WASHINGTON WITHIN THE FOUR COUNTY PORTLAND METROPOLITAN AREA, CLARK COUNT Y IS THE THIRD MOST POPULOUS COUNTY THE SERVICE AREA ENCOMPASSES 629 SQUARE MILES AND ITS MULTIPLE LARGE SUBURBAN COMMUNITIES HAVE A TOTAL POPULATION OF OVER 425,000 BETWEEN 2000 AND 2010, THE POPULATION GREW BY OVER 23% THE LA</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>RGEST CITY IN THE COUNTY IS VANCOUVER, WHICH HAS 38% OF THE COUNTYS POPULATION OTHER LARG ER CITIES INCLUDE CAMAS, BATTLE GROUND AND WASHOUGAL AS WITH MANY PRIMARILY SUBURBAN COMM UNITIES, CLARK COUNTY IS FAST-GROWING AND AFFLUENT , COUNTY HEALTH RANKINGS CURRENTLY RANKS CLARK COUNTY THE EIGHTH HEALTHIEST COUNTY IN THE STATE OF WASHINGTON AT 7 8% CLARK COUNTY HAS A SMALLER HISPANIC POPULATION THAN THE REST OF THE STATE OF WASHINGTON AND THE SMALLE ST HISPANIC POPULATION IN THE PORTLAND METRO AREA WITHIN CLARK COUNTY, THE CITIES OF VANC OUV ER AND WOODLAND HAVE RELATIVELY LARGE HISPANIC POPULATIONS THE PROPORTION OF ELDERLY P OPULATION IN CLARK COUNTY (12 0%) IS SIMILAR TO THE STATE OF WASHINGTON (12 7%) AND VARIES BY LOCALE WITHIN CLARK COUNTY IT IS THE SECOND LARGEST IN THE PORTLAND REGION, WITH ONLY CLACKAMAS COUNTY HAVING A LARGER ELDERLY POPULATION COMMUNITY INFORMATION FOR LONGVIEW, WASHINGTON THE US CENSUS 2010 PLACED THE POPULATION OF COWLITZ COUNTY AT 102,410 RESIDENTS THE LARGEST POPULATION CENTER IS LONGVIEW, HOME TO NEARLY HALF OF ALL COWLITZ COUNTY RESI DENTS THIS IS FOLLOWED BY THE GEOGRAPHICALLY ADJACENT CITY OF KELSO, WHICH HAS ABOUT A QU ARTER OF THE COUNTYS RESIDENTS RACIALLY, COWLITZ COUNTY IS PREDOMINANTLY WHITE (92 5% OF RESIDENTS), THE SECOND LARGEST RACIAL GROUP IS NATIVE AMERICAN, AT 3 3% OF THE POPULATION ETHNICALLY, COWLITZ COUNTY IS LESS THAN 8% HISPANIC, WHICH IS SIGNIFICANTLY LOWER THAN TH E STATE AVERAGE OF ALMOST 12% OVERALL, COWLITZ COUNTY HAS A LARGER POPULATION OF RESIDENTS AGE 65 AND OLDER (15 4%) COMPARED TO EITHER THE STATE (12 3%) OR THE NATION (13 0%) THE PROPORTION OF THE COMMUNITY IN THIS AGE GROUP VARIES SIGNIFICANTLY ACROSS THE COUNTY, RANG ING FROM OVER 68% OF RESIDENTS IN RYDERWOOD, TO ONLY 12% OF RESIDENTS IN TOUTLE COMMUNITY INFORMATION FOR BELLINGHAM, WASHINGTON WHATCOM COUNTY IS THE 12TH LARGEST IN THE STATE OF WASHINGTON IN TERMS OF AREA AND THE NINTH LARGEST IN TERMS OF POPULATION ACCORDING TO TH E 2010 CENSUS, 201,140 PEOPLE LIVE IN WHATCOM COUNTY MOST (43%) LIVE IN UNINCORPORATED AR EAS, AND 40% (80,885) LIVE IN BELLINGHAM FROM 2000 TO 2010, WHATCOM COUNTYS POPULATION IN CREASED 21%, COMPARED TO THE 14% INCREASE IN POPULATION FOR WASHINGTON STATE AS A WHOLE TH E COUNTYS POPULATION IS GETTING OLDER AS THE MEDIAN AGE GREW FROM 34 IN 2000 TO 36 1 IN 20 10 DATA FROM THE CENSUSES THOSE TWO YEARS SHOWS THE PROPORTION OF CHILDREN UNDER 5 YEARS OLD FELL FROM 6 1% IN 2010 TO 5 8% WHILE THE PROPORTION OF ADULTS OVER 65 YEARS OLD INCREA SED FROM 11 6% TO 12 8% COMMUNITY INFORMATION FOR FRIDAY HARBOR, WASHINGTON FRIDAY HARBOR IS A TOWN IN SAN JUAN COUNTY, WASHINGTON, UNITED STATES THE POPULATION WAS 2,162 AT 2010 CENSUS LOCATED ON SAN JUAN ISLAND, FRIDAY HARBOR IS THE MAJOR COMMERCIAL CENTER OF THE SA N JUAN ISLANDS ARCHIPELAGO AND IS THE COUNTY SEAT OF SAN JUAN COUNTY AS OF THE CENSUS OF 2 010, THERE WERE 2,162 PEOPLE, 1,015 HOUSEHOLDS, AND 481 FAMILIES RESIDING IN THE TOWN THE RACIAL MAKEUP OF THE TOWN WAS 83 1% WHITE, 0 3% AFRICAN AMERICAN, 0 5% NATIVE AMERICAN, 2 0% ASIAN, 0 1% PACIFIC ISLANDER, 10 9% FROM OTHER RACES, AND 3 1% FROM TWO OR MORE RACES HISPANIC OR LATINO OF ANY RACE WERE 15 9% OF THE POPULATION THERE WERE 1,015 HOUSEHOLDS O F WHICH 27 3% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 30 2% WERE MARRIED COUPLE S LIVING TOGETHER, 12 0% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT, 5 1% HAD A MALE HOUSEHOLDER WITH NO WIFE PRESENT, AND 52 6% WERE NON-FAMILIES 46 0% OF ALL HOUSEHOLDS WE RE MADE UP OF INDIVIDUALS AND 17 7% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OL DER COMMUNITY INFORMATION FOR SEDRO-WOOLLEY, WASHINGTON SEDRO-WOOLLEY IS A CITY IN SKAGI T COUNTY, WASHINGTON, UNITED STATES THE POPULATION WAS 10,540 AT THE 2010 CENSUS AS OF TH E CENSUS OF 2010, THERE WERE 10,540 PEOPLE, 3,995 HOUSEHOLDS, AND 2,609 FAMILIES RESIDING IN THE CITY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	PEACEHEALTH IS AN INTEGRATED, NOT-FOR-PROFIT HEALTH SYSTEM THAT OFFERS A FULL CONTINUUM OF HEALTH AND WELLNESS SERVICES IN THE NORTHWEST PEACEHEALTH CONTRIBUTES TO THE HEALTH OF THE COMMUNITY BY OFFERING A VARIETY OF SERVICES TO ATTEND TO PREVENTATIVE, ACUTE AND CHRONIC HEALTH CARE SERVICES WITHIN THE COMMUNITIES IT SERVES THE PEACEHEALTH MISSION IS TO CARRY ON THE HEALING MISSION OF JESUS CHRIST BY PROMOTING PERSONAL AND COMMUNITY HEALTH, RELIEVING PAIN AND SUFFERING, AND TREATING EACH PERSON IN A LOVING AND CARING WAY OUR VISION IS TO ENSURE THAT EVERY PERSON RECEIVES SAFE, COMPASSIONATE CARE, EVERY TIME, EVERY TOUCH PEACEHEALTH PROVIDES EXCEPTIONAL MEDICINE, AND ENDEAVORS TO ALWAYS SERVE THE MOST VULNERABLE AMONG US PEACEHEALTH RECOGNIZES THE NEED FOR INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED TO ACCESS HEALTH CARE AND PEACEHEALTH PROVIDES THOSE SERVICES EQUALLY TO ALL BASED ON THE AFFORDABLE CARE ACTS CHNA GUIDELINES, EVERY 501(C)3 HOSPITAL MUST CONDUCT ITS OWN UNIQUE CHNA AS A LARGE HEALTH SYSTEM, PEACEHEALTH HAS COMPLETED A CHNA FOR EACH PEACEHEALTH HOSPITAL REQUIRED TO PROVIDE ONE THE COMPLETED CHNAS ALLOW FOR DEEPER UNDERSTANDING OF THE HEALTH NEEDS OF OUR COMMUNITIES OUR BROAD ANALYSIS OF SECONDARY DATA, COMMUNITY FEEDBACK, AND SYSTEMWIDE PEACEHEALTH INPUT REVEALED A REMARKABLE LEVEL OF COMMONALITY IN THE HEALTH CONCERNS OF OUR VARIOUS COMMUNITIES EACH HOSPITAL HAS IDENTIFIED PLANS TO ADDRESS PRIORITIZED NEEDS AND CONTINUES TO PURSUE OPPORTUNITIES TO ENHANCE THE OVERALL WELLBEING OF THE COMMUNITY PEACEHEALTH HAS THE WHEREWITHAL TO IMPROVE POPULATION HEALTH IN ALL REGIONS SERVED BY PEACEHEALTH MEDICAL FACILITIES THROUGH SYSTEMWIDE SHARING OF BEST PRACTICES, PEACEHEALTH IS IMPROVING AND SUPPORTING THE POPULATION HEALTH OF OUR COMMUNITIES ACROSS THE NORTHWEST

Form and Line Reference	Explanation
PART VI, LINE 6	PEACEHEALTH IS NOT PART OF AN AFFILIATED HEALTHCARE SYSTEM

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	AK,OR,WA

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
10

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
1	PH SACRED HEART MED CTR AT RIVERBEND 3333 RIVERBEND DRIVE SPRINGFIELD,OR 97477	X	X					X			A
2	PH SACRED HEART MED CTR UNIV DISTRICT 1255 HILYARD STREET EUGENE,OR 97401	X	X					X			A
3	PH SOUTHWEST MEDICAL CENTER 400 NE MOTHER JOSEPH PL VANCOUVER,WA 98683	X	X					X			A
4	PH ST JOSEPH MEDICAL CENTER 2901 SQUALICUM PARKWAY BELLINGHAM,WA 98225	X	X					X			A
5	PH ST JOHN MEDICAL CENTER 1615 DELAWARE STREET LONGVIEW,WA 98632	X	X					X			A
6	PH KETCHIKAN MEDICAL CENTER 3100 TONGASS AVENUE KETCHIKAN,AK 99901	X				X		X			A
7	PH PEACE HARBOR MEDICAL CENTER 400 9TH STREET FLORENCE,OR 97439	X				X		X			A
8	PH COTTAGE GROVE COMMUNITY MED CTR 1515 VILLAGE DRIVE COTTAGE GROVE,OR 97424	X				X		X			A
9	PH PEACE ISLAND MEDICAL CENTER 1117 SPRING STREET FRIDAY HARBOR,WA 97401	X				X		X			B
10	PH UNITED GENERAL MEDICAL CENTER 4000 HOSPITAL DRIVE SEDROWOOLLEY,WA 98284	X				X		X			C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 2 DESCRIPTION - REPORTING GROUP C	REPORTING GROUP C IS THE REPORTING GROUP FOR ONLY PEACEHEALTH UNITED GENERAL MEDICAL CENTER DURING THE PREVIOUS TAX YEAR PEACEHEALTH ENTERED INTO AN AFFILIATION AGREEMENT WITH UNITED GENERAL HOSPITAL, A CRITICAL ACCESS HOSPITAL LOCATED IN SEDRO WOOLLEY, WASHINGTON UNITED GENERAL HOSPITAL IS NOW KNOWN AS PEACEHEALTH UNITED GENERAL MEDICAL CENTER AND WILL COMPLETE ALL CHNA REQUIREMENTS IN THE NEXT TAX YEAR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5 DESCRIPTION - REPORTING GROUPS A AND B	TO OBTAIN CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE PEACEHEALTH MEDICAL CENTERS, THE COMMUNITY HEALTH NEEDS ASSESSMENTS TOOK INTO ACCOUNT INFORMATION FROM 1) PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH 2) FEDERAL, TRIBAL, REGIONAL, STATE, AND LOCAL HEALTH DEPARTMENTS AND AGENCIES 3) LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SERVED BY THE HOSPITAL FACILITY 4) REVIEW OF AVAILABLE PUBLISHED COMMUNITY HEALTH DATA 5) MEETINGS WITH COMMUNITY GROUPS AND PUBLIC OFFICIALS, PUBLIC FORUMS, FOCUS GROUPS, AND COMMUNITYWIDE HEALTH ASSET SURVEY AND KEY INFORMANT INTERVIEWS PLEASE REFER TO THE PUBLISHED CHNAS FOR FURTHER DETAILS THESE REPORTS CAN BE FOUND AT WWW.PEACEHEALTH.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A DESCRIPTION - REPORTING GROUPS A AND B	PEACEHEALTH HOSPITALS WORK IN CONCERT TO CONDUCT CHNAS IF THEY SERVE THE SAME COMMUNITY OR AN OVERLAPPING COMMUNITY THE FOLLOWING HOSPITALS CONDUCTED THEIR CHNAS TOGETHER SACRED HEART MEDICAL CENTER RIVERBEND, SACRED HEART MEDICAL CENTER UNIVERSITY DISTRICT, COTTAGE GROVE COMMUNITY MEDICAL CENTER, PEACE HARBOR MEDICAL CENTER THE FOLLOWING HOSPITALS CONDUCTED THEIR CHNAS INDEPENDENTLY PEACE ISLAND MEDICAL CENTER, ST JOSEPH MEDICAL CENTER, ST JOHN MEDICAL CENTER, KETCHIKAN MEDICAL CENTER, SOUTHWEST MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B DESCRIPTION - REPORTING GROUPS A AND B	REFER TO THE PUBLISHED CHNAS AT WWW.PEACEHEALTH.ORG FOR DETAILS ON WHAT ORGANIZATIONS PARTICIPATED IN THE CHNAS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 DESCRIPTION - REPORTING GROUPS A AND B	PLEASE REFER TO THE PUBLISHED CHNAS LOCATED AT WWWPEACEHEALTH.ORG THE PUBLISHED CHNAS CONTAIN THE IMPLEMENTATION PLAN COVERING HOW THE PEACEHEALTH MEDICAL CENTERS LISTED IN REPORTING GROUPS A AND B ARE ADDRESSING THE SIGNIFICANT NEEDS OF THEIR RESPECTIVE COMMUNITIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13H DESCRIPTION - REPORTING GROUPS A, B, AND C	REFER TO SCHEDULE H, PART VI EXPLANATION FOR PART I, LINE 3C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 22D DESCRIPTION - REPORTING GROUPS A, B, AND C	IRS REQUIREMENTS FOR CHARITABLE HOSPITALS - 501(R)LIMITATION ON CHARGESAN ELIGIBLE INDIVIDUAL RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE UNDER A HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP) WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERAGE TO DETERMINE AMOUNTS GENERALLY BILLED (AGB), THE "LOOK BACK" METHOD IS APPLIED FOR MEDICARE FEE-FOR-SERVICE AND PRIVATE INSURER ACCOUNTS PEACEHEATH HOSPITALS HAVE FAPS THAT PROVIDE FOR DISCOUNTS TO ELIGIBLE INDIVIDUALS ON A SLIDING SCALE UP TO 400% OF THE FEDERAL POVERTY LEVEL WHILE THE RATE INSURED INDIVIDUALS ARE ULTIMATELY CHARGED VARIES WITH CONTRACT AND BENEFIT TERMS, WE BELIEVE THAT OUR FAP DISCOUNTS PROVIDE ELIGIBLE INDIVIDUALS WITH BETTER OR SIMILAR DISCOUNTS OUR MINIMUM UNINSURED FAP REDUCTION IS 65% WITH A MAXIMUM UNINSURED DISCOUNT OF 100% FOR INSURED ACCOUNTS WE OFFER DISCOUNTS RANGING FROM 100% TO 10% DEPENDING ON FEDERAL POVERY GUIDELINES WE DO NOT USE GROSS CHARGES WITHOUT DISCOUNTS FOR INDIVIDUALS ELIGIBLE UNDER OUR FAPS

Schedule I
(Form 990)

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

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

91-0939479

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

25

3

Enter total number of other organizations listed in the line 1 table

3

Part III

Grants and Other Assistance to Domestic Individuals. 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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PEACEHEALTH PRE-SCREENS APPLICANTS TO DETERMINE THE NEED OF THE ORGANIZATION RECEIVING THE GRANT GRANTS AND DONTATIONS ARE THEN DETERMINED AND GIVEN TO THOSE ORGANIZATIONS WHOSE MISSION FALLS IN LINE WITH PROMOTING HEALTHCARE OR THE FURTHERANCE OF HEALTHCARE EDUCATION SINCE EACH GRANT IS CAREFULLY EXAMINED BEFORE IT IS GIVEN AND THE PURPOSE OF THE GRANT IS KNOWN BEFORE IT IS GIVEN, NO FOLLOW UP IS PERFORMED TO FIND OUT HOW THE GRANT WAS USED

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM ALLIANCE FOR HEALTHCARE ACCESS800 EAST CHESTNUT LL STE 2 BELLINGHAM,WA 98225	81-0677295	501(C)(3)	283,595				COMMUNITY HEALTH NEEDS
SISTERS OF ST JOSEPH OF PEACE1663 KILLAMEY WAY PO BOX 248 BELLEVUE,WA 98009	91-0567741	501(C)(3)	235,500				MISSION SUPPORT
LANE COMMUNITY COLLEGE8000 EAST 30TH AVENUE EUGENE,OR 97405	93-0546223	501(C)(3)	206,250				EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANE COMMUNITY COLLEGE FOUNDATION 4000 EAST 30TH AVE EUGENE,OR 97405	23-7113266	501(C)(3)	206,250				EDUCATION SUPPORT
INTERFAITH COMMUNITY HEALTH CENTER220 UNITY STREET BELLINGHAM,WA 98225	91-2168190	501(C)(3)	121,000				COMMUNITY HEALTH NEEDS
LANE COUNTY MEDICAL SOCIETY990 W 7TH EUGENE,OR 97402	93-0562411	501(C)(6)	100,000				COMMUNITY HEALTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON ST VANCOUVER, WA 98661	91-1707542	501(C)(3)	75,000				COMMUNITY HEALTH NEEDS
OREGON PUBLIC BROADCASTING7140 SW MACADAM AVE PORTLAND,OR 97219	93-0814638	501(C)(3)	70,900				EDUCATION SUPPORT
THE VOLUNTEERS IN MEDICINE CLINIC3321 W 11TH AVENUE EUGENE,OR 97402	93-1276816	501(C)(3)	60,025				COMMUNITY HEALTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LANE COUNTY3171 GATEWAY LOOP SPRINGFIELD,OR 97477	93-0394142	501(C)(3)	48,100				COMMUNITY BENEFIT
WILLAMETTE FAMILY TREATMENT687 CHESHIRE STREET EUGENE,OR 97402	93-0569684	501(C)(3)	45,000				COMMUNITY HEALTH NEEDS
COMMUNITY HEALTH PARTNERSPO BOX 2853 LONGVIEW,WA 98632	91-2016542	501(C)(3)	40,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE COLUMBIA WILLAMETTE 619 SW 11TH AVE STE 300 PORTLAND, OR 97205	93-0582124	501(C)(3)	23,933				COMMUNITY BENEFIT
PATHWAYS 20201452 HUDSON ST US BANK STE 209 LONGVIEW, WA 98632	91-1954815	501(C)(3)	23,000				COMMUNITY HEALTH NEEDS
UNITED WAY OF WHATCOM COUNTY 1511 CORNWALL AVE BELLINGHAM, WA 98225	91-0570788	501(C)(3)	22,000				COMMUNITY BENEFIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGID COLLINS HOUSE 1231 N GARDEN STREET 200 BELLINGHAM,WA 98225	94-3121951	501(C)(3)	20,000				COMMUNITY HEALTH NEEDS
CATHOLIC RELIEF SERVICES USCCB228 W LEXINGTON ST BALTIMORE,MD 21201	13-5563422	501(C)(3)	20,000				MISSION SUPPORT
THE ALASKA COMMUNITY FOUNDATION3201 C ST STE 110 ANCHORAGE,AK 99503	92-0155067	501(C)(3)	15,000				COMMUNITY HEALTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ORGANIZATION OF NURSE EXECUTIVES300 ELLIOTT AVE W STE 300 SEATTLE,WA 98119	91-1165662	501(C)(3)	10,000				COMMUNITY HEALTH NEEDS
FAIRGROUNDS SITE MANAGEMENT GROUP INC DBA CLARK COUNTY EVENTS CENTER17402 NE DELFEL ROAD RIDGEFIELD,WA 98642	20-2056224		10,000				COMMUNITY BENEFIT
AMERICAN CANCER SOCIETY GREAT WEST DIVISION2120 1ST AVE N SEATTLE,WA 98109	84-1318665	501(C)(3)	9,500				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMESPO BOX 932852 ATLANTA,GA 31193	13-1846366	501(C)(3)	8,500				COMMUNITY HEALTH NEEDS
IDENTITY CLARK COUNTY 915 BROADWAY SUITE 302 VANCOUVER,WA 98660	91-1623724	501(C)(3)	8,000				COMMUNITY BENEFIT
WASHINGTON HEALTH ALLIANCE600 STEWART ST STE 824 SEATTLE,WA 98101	47-0948895	501(C)(3)	7,508				COMMUNITY HEALTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUBILEE WOMENS CENTER 620 18TH AVE E SEATTLE,WA 98112	91-1539920	501(C)(3)	7,500				COMMUNITY HEALTH NEEDS
LOWER COLUMBIA COLLEGEPO BOX 3010 LONGVIEW,WA 98632	91-0823636	WASHINGTON STATE	7,000				EDUCATION SUPPORT
SPRINGFIELD AREA CHAMBER OF COMMERCE 101 SOUTH A STREET SPRINGFIELD,OR 97477	93-0286205	501(C)(6)	6,250				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST WASHINGTON FAIR1775 FRONT ST LYNDEN,WA 98264	91-1624769	501(C)(3)	5,800				COMMUNITY BENEFIT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes	
		4b	Yes	
		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		No
		5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		No
		6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION HAS POLICIES REGARDING THE ELIGIBILITY OF EXECUTIVES FOR THESE ITEMS. FOR EXAMPLE, TRAVEL FOR COMPANIONS AND HOUSING ALLOWANCES ARE RELATED TO RELOCATION BENEFITS OR FIRST CLASS TRAVEL FOR FLIGHTS EXCEEDING SIX HOURS IN DURATION.
PART I, LINES 4A-B	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENTS, CERTAIN PHYSICIANS, AND OTHER HIGHLY COMPENSATED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN VARIOUS NONQUALIFIED RETIREMENT PLANS. CONTRIBUTIONS TO THESE PLANS AND RELATED INVESTMENT RETURNS ARE DISCLOSED ON SCHEDULE J AS DEFERRED COMPENSATION AND AS BONUS COMPENSATION WHEN PAID TO THE INDIVIDUAL. PART I, LINES 5B AND 6B. CERTAIN INDIVIDUALS PARTICIPATE IN INCENTIVE COMPENSATION PLANS BASED ON THE CONSOLIDATED PERFORMANCE OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THEIR COLLECTIVE OUTCOMES OF QUALITY, SERVICE, CAREGIVER ENGAGEMENT, AND FINANCIAL PERFORMANCE. ANY INCENTIVES PAID ARE INCLUDED IN BONUS COMPENSATION. OTHER REPORTABLE COMPENSATION INCLUDES RELOCATION (MOVING) ALLOWANCES, SEVERANCE, AND OTHER TAXABLE BENEFITS.
ADDITIONAL COMMENTARY	WE ARE COMMITTED TO LIVING OUR CORE VALUES OF RESPECT, STEWARDSHIP, COLLABORATION AND SOCIAL JUSTICE. PEACEHEALTH MINISTRIES COMPETE FOR EXECUTIVE TALENT WITH BOTH FOR-PROFIT AND NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS THROUGHOUT THE COUNTRY DUE TO THE COMPLEXITY OF THE JOB. COMPETITIVE COMPENSATION PROGRAMS ARE CRITICAL TO ATTRACT AND RETAIN THE BEST EXECUTIVE TALENT. PEACEHEALTH IS COMMITTED TO COMPENSATION PRACTICES THAT ARE BOTH JUST AND COMPETITIVE. PEACEHEALTH USES A SINGLE PROCESS TO DETERMINE COMPENSATION FOR ALL CAREGIVERS, INCLUDING EXECUTIVES. THIS PROCESS INCLUDES REVIEWING THIRD-PARTY SURVEY DATA TO BENCHMARK SALARIES AGAINST SIMILAR JOBS AT OTHER HEALTH CARE SYSTEMS OF COMPARABLE SIZE AND COMPLEXITY. WE ALSO EVALUATE EXECUTIVE PERFORMANCE ON AN ANNUAL BASIS. THE PEACEHEALTH BOARD HAS AN EXECUTIVE COMMITTEE COMPRISED OF DIVERSE INDIVIDUALS WITH MISSION, INDEPENDENT BUSINESS AND HUMAN RESOURCES EXPERTISE. THE COMMITTEE IS CHARGED WITH SETTING EXECUTIVE COMPENSATION, INCLUDING INCENTIVE PAY, BENEFITS AND RELATED POLICIES. IT ESTABLISHES SALARIES FOR PEACEHEALTH EXECUTIVES BASED ON THE MARKET MEDIAN (50TH PERCENTILE). AS PART OF THE TOTAL COMPENSATION PACKAGE, OTHER BENEFITS ARE PROVIDED CONSISTENT WITH THE MEDIAN (MIDDLE) OF THE HEALTH CARE MARKET. BENEFITS ARE DESIGNED TO SUPPORT OUR CULTURE AND VALUES, AND TO ENCOURAGE COMMITMENT AND RETENTION.

Additional Data

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN YORDY, PRESIDENT EMERITUS	(i) (ii)967,7460	208,2650	10,8380	291,4150	28,9380	1,507,2020	00
BETH O'BRIEN, CHIEF OPERATING OFFICER	(i) (ii)249,0430	200,0000	21,6430	00	2,3440	473,0300	00
STUART P HENNESSEY, SENIOR VP	(i) (ii)439,9140	486,6300	10,9520	219,5260	33,3380	1,190,3600	401,8170
KEVIN WALSTROM, SENIOR VP	(i) (ii)529,3100	102,0480	3,2070	212,4630	26,0340	873,0620	00
MARK MCCAMPBELL, VP	(i) (ii)242,4580	70,4120	00	27,3000	21,1400	361,3100	00
RYAN BALL, SENIOR VP	(i) (ii)252,5420	65,4740	114,8450	3,5330	17,8900	454,2840	00
NANCY STEIGER, SENIOR VP	(i) (ii)516,1560	130,3840	9,4170	208,7480	23,9960	888,7010	00
CAROL AARON, SENIOR VP	(i) (ii)423,8480	123,7720	10,5200	178,2270	21,9480	758,3150	00
ELAINE SVIGEL DUNDA, SENIOR VP	(i) (ii)248,8650	412,4720	6,8480	165,5160	14,3890	848,0900	328,5790
HOWARD GRAMAN MD, SENIOR VP	(i) (ii)532,7470	405,0430	9,9480	253,6050	33,7010	1,235,0440	302,3320
JOSIAH JOHNSON, SENIOR VP	(i) (ii)441,9350	65,6030	00	158,3300	32,7740	698,6420	00
JOHN HILL, SENIOR VP	(i) (ii)534,6730	141,7080	00	138,7370	20,9030	836,0210	00
RAN WHITEHEAD, CEO - PEACEHEALTH LABS	(i) (ii)299,8780	58,0340	4,3270	38,4750	29,7840	430,4980	00
JOSEPH KORTUM, SENIOR VP	(i) (ii)166,6460	675,1720	8920	-410,8050	2,5940	434,4990	00
ANNA KAY DYKES, SENIOR VP	(i) (ii)162,8700	38,1960	00	00	18,4380	219,5040	00
PATRICIA ROSCOE, SENIOR VP	(i) (ii)255,7050	29,9360	72,5860	00	23,7390	381,9660	00
DAN HEIN, SENIOR VP	(i) (ii)248,7710	37,2870	00	3,9600	23,2530	313,2710	00
RAND O'LEARY, PRESIDENT HOSPITAL SERVICES - OREGON	(i) (ii)132,0000	20,0000	11,3070	00	1,7290	165,0360	00
DENNIS GORY, MD	(i) (ii)824,7990	88,1000	12,5370	71,2860	23,5400	1,020,2620	87,8400
ERIC HAUCK, MD	(i) (ii)1,161,4200	32,8280	00	74,8490	28,4960	1,297,5930	00

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JORGE ELLER, MD	(i)846,340	(ii)260	(iii)1,663	0	13,049	861,312	0
	(ii)0		0	0	0	0	0
DAVID DUKE, MD	(i)777,191	(ii)35,725	(iii)2,507	67,664	30,240	913,327	0
	(ii)0	0	0	0	0	0	0
FRANCES MUNKENBECK, MD	(i)708,266	(ii)64,990	(iii)7,318	64,932	20,293	865,799	0
	(ii)0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number
91-0939479

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A WA HEALTHCARE FACILITIES AUTHORITY		91-1108929	93978EU26	06-26-2008	80,650,000	REFUND WHCFA 2005 BONDS ISSUED 10/19/2005		X		X		X
B OR FACILITIES AUTHORITY		93-6001787	68608JJG7	06-26-2008	95,495,000	REFINANCE OFA04 B-F ISSUED 10/12/2004		X		X		X
C OR FACILITIES AUTHORITY		93-6001787	68608JJH5	06-26-2008	99,175,000	REFINANCE OFA04 B-F ISSUED 10/12/2004		X		X		X
D OR FACILITIES AUTHORITY		93-6001787	68608JKB6	10-15-2009	105,257,760	REFUND OFA08A&B 6/26/2008, HHECF 1998 12/3/1998		X		X		X

Part II Proceeds												
					A		B		C		D	
1 Amount of bonds retired											4,870,000	
2 Amount of bonds legally defeased												
3 Total proceeds of issue					80,650,000		95,495,000		99,175,000		105,257,760	
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds					647,613		566,281		588,103		1,321,927	
8 Credit enhancement from proceeds							363,456		377,461			
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds					80,002,387		94,565,263		98,209,436		103,935,833	
11 Other spent proceeds												
12 Other unspent proceeds												
13 Year of substantial completion					2008		2008		2008		2008	
					Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?					X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?						X		X		X		X
16 Has the final allocation of proceeds been made?					X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X		X		X	

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?						X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 010 %		0 010 %		0 010 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 010 %		0 010 %		0 010 %		0 010 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 000 %		1 000 %		1 000 %		1 000 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3A AND 4	PERCENTAGE OF BOND FINANCED PROPERTY USED IN PRIVATE BUSINESS A DE MINIMIS AMOUNT OF PRIVATE USE OCCURS THE PUBLIC AUTHORITY'S BOND COUNSEL HAS REVIEWED AND APPROVED OF PEACEHEALTH'S CONTRACTS AND COMPLIANCE WITH REGARD TO THE PIVATE BUSINESS USE OF BOND FINANCED PROPERTY THE PULIBIC AUTHORY'S BOND COUNSEL REVIEWS THESE CONTRACTS AND COMPLIANCE PERIODICALLY

Return Reference	Explanation
SCHEDULE K, PART III, LINES 8A, 8B, AND 8C	DISPOSITIONS OF BOND-FINANCED PROPERTY IN THE ORDINARY COURSE OF BUSIENSS, PEACEHEALTH ROUTINELY DISPOSES OF PROPERTY DISPOSALS ARE GENERALLY DUE TO EQUIPMENT OBSOLESCENCE OR A TRADE IN ON NEW EQUIPMENT IN A DISPOSAL WHERE CASH PROCEEDS ARE RECEIVED, THE PROCEEDS ARE EITHER A) REINVESTED IN QUALIFIED ASSETS AT A LOCATION COVERED BY A TEFRA NOTICE (TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1982), OR B) BONDS ARE CALLED AND REDEEMED WITH THE PROCEEDS

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WA HEALTHCARE FACILITIES AUTHORITY	91-1108929	93978E5T5	10-15-2009	100,340,553	REFUND WHCFA 2008B-D ISSUED 6/26/2008		X		X		X
B STATE OF OREGON	93-6001787	68608JPE5	08-11-2011	150,000,000	REFUND OFA 2008 C&D ISSUED 6/26/2008		X		X		X
C WA HEALTHCARE FACILITIES AUTHORITY	91-1108929	NONEAVAIL	02-27-2013	53,464,898	REFUND WHCFA 2008A ISSUED 11/6/2008		X		X		X
D WA HEALTHCARE FACILITIES AUTHORITY	91-1108929	93978HJM8	03-18-2014	44,678,262	REFUND WHCFA 1999 ISSUED 3/10/1999		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,060,000				1,100,000		1,530,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	100,340,553		150,000,000		53,464,898		44,678,262	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,232,220						873,262	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	99,108,333		150,000,000		53,464,898		43,805,000	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008		2011		2013		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 010 %		0 010 %		0 010 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 010 %		0 010 %		0 010 %		0 010 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 000 %		1 000 %		1 000 %		1 000 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number
91-0939479

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A OR FACILITIES AUTHORITY	93-6001787	68608JSB8	03-18-2014	71,088,211	REFUND HHECFA 2001 ISSUED 10/31/2001		X		X		X

Part II Proceeds											
				A		B		C		D	
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue			71,088,211							
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds			1,019,562							
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			70,068,649							
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion			2014							
				Yes	No						
14	Were the bonds issued as part of a current refunding issue?			X							
15	Were the bonds issued as part of an advance refunding issue?				X						
16	Has the final allocation of proceeds been made?			X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X							

Part III Private Business Use									
				A		B		C	
				Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 010 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 010 %							
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 000 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
PEACEHEALTH

Employer identification number

91-0939479

**Return
Reference****Explanation**FORM 990,
PART VI,
SECTION A,
LINE 6

PEACEHEALTH ADOPTED AN AMENDMENT TO ITS BYLAWS IN TAX YEAR 2013 WHICH MADE PEACEHEALTH NETWORKS (EIN 91-1230425), FORMERLY KNOWN AS SOUTHWEST WASHINGTON HEALTH SYSTEM, THE SOLE CORPORATE MEMBER OF PEACEHEALTH. PEACEHEALTH NETWORKS IS A 501(C)(3) ORGANIZATION. WHEN PEACEHEALTH AFFILIATED WITH SOUTHWEST WASHINGTON HEALTH SYSTEM IN JANUARY 2011, PEACEHEALTH BECAME THE SOLE MEMBER OF SOUTHWEST WASHINGTON HEALTH SYSTEM. EFFECTIVE JANUARY 1, 2014, SOUTHWEST WASHINGTON HEALTH SYSTEM AND PEACEHEALTH WERE REORGANIZED SO THAT THE CORPORATE MEMBERSHIP RELATIONSHIP BETWEEN THEM WAS REVERSED FROM WHAT IT HAD BEEN FOR THE THREE PREVIOUS CALENDAR YEARS. EFFECTIVE JANUARY 1, 2014, SOUTHWEST WASHINGTON HEALTH SYSTEM (NOW KNOWN AS PEACEHEALTH NETWORKS) BECAME THE SOLE MEMBER OF PEACEHEALTH. EFFECTIVE FEBRUARY 2014, THE NAME OF SOUTHWEST WASHINGTON HEALTH SYSTEM WAS CHANGED TO PEACEHEALTH NETWORKS. PEACEHEALTH NETWORKS (FORMERLY KNOWN AS SOUTHWEST WASHINGTON HEALTH SYSTEM) AMENDED ITS BYLAWS EFFECTIVE NOVEMBER 22, 2013, RESULTING IN HAVING THE CURRENT PEACEHEALTH NETWORKS BOARD COMPOSITION IDENTICAL TO THE PEACEHEALTH BOARD. THE AMENDED BYLAWS DO ALLOW ADDITIONAL MEMBERS BE APPOINTED TO THE PEACEHEALTH NETWORKS BOARD, BUT NONE HAVE BEEN APPOINTED AS OF THIS FILING. PEACEHEALTH NETWORKS CURRENTLY HAS NO OPERATIONS AND HOLDS NO FINANCIAL ASSETS IN ITS OWN NAME (OTHER THAN SHARES OF STOCK IN COLUMBIA UNITED PROVIDERS, A LICENSEE OF THE WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER). EFFECTIVE 1/1/16 COLUMBIA UNITED PROVIDERS SOLD ITS MEDICAID MANAGED CARE ASSETS TO MOLINA HEALTHCARE OF WASHINGTON (EIN 91-1284790) AND IS CURRENTLY IN THE PROCESS OF DISCONTINUING OPERATIONS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S ACCOUNTING DEPARTMENT PREPARES THE RETURN AND WORKS CLOSELY WITH MANAGEMENT TO PREPARE AND REVIEW THE RETURN. MANAGEMENT AND THE LEGAL DEPARTMENT REVIEW A DRAFT OF THE FORM 990 AND PROVIDE COMMENTS, AS DOES AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS FORWARDED TO THE STEWARDSHIP COMMITTEE AND TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL BOARD MEMBERS. BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. OFFICERS AND ANY KEY EMPLOYEES OF PEACEHEALTH MUST AGREE TO THE CONFLICT OF INTEREST POLICY AT THE TIME OF THEIR HIRE. THE CONFLICT OF INTEREST POLICY IS DISCUSSED WITH THE EMPLOYEE AT THEIR ANNUAL PERFORMANCE MEETING AND THE EMPLOYEE MUST SELF-DISCLOSE ANY CONFLICTS AT THIS TIME. HOWEVER, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO CONTINUALLY CONSIDER CONFLICT OF INTEREST PRECEPTS AND SELF-DISCLOSE ANY POTENTIAL CONFLICT AT THE TIME IT ARISES. SHOULD A POTENTIAL CONFLICT OF INTEREST ARISE, THE BOARD MEMBER HAVING A POTENTIAL CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN DISCUSSIONS, USE PERSONAL INFLUENCE OR VOTE ON THE MATTER IN QUESTION. THE CONFLICT OF INTEREST STATEMENTS AND CORRESPONDING POLICIES ARE MONITORED AND DECISIONS ON CONFLICTS ARE MADE BY THE PEACEHEALTH BOARD OF DIRECTORS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PEACEHEALTH BOARD OF DIRECTORS REVIEWS AND DETERMINES COMPENSATION FOR THE CEO DURING THIS PROCESS THE HUMAN RESOURCES DEPARTMENT WORKS TOGETHER WITH THE BOARD OF DIRECTORS TO DETERMINE COMPARABILITY DATA ACROSS VARIOUS INDUSTRY AND PROFIT/NOT-FOR-PROFIT STATUSES THE BOARD OF DIRECTORS REVIEWS MARKET DATA, EVALUATES CEO PERFORMANCE AND REVIEWS THE COMPENSATION OF THE CEO THE BOARD ALSO USES AN INDEPENDENT COMPENSATION CONSULTANT TO HELP DETERMINE EXECUTIVE COMPENSATION THE REMAINING KEY EMPLOYEES AND OFFICERS' COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE PEACEHEALTH BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE USES MANY OF THE SAME METHODS OF ANALYSIS FOR KEY EMPLOYEES AND OFFICERS AS THE BOARD OF DIRECTORS DOES WITH THE CEO DETERMINATION, IN ADDITION TO CONSULTING WITH THE HR DEPARTMENT DECISIONS ARE MADE DURING A BOARD MEETING AND ARE DOCUMENTED IN THE MINUTES TO THE MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY -21,850,229 CHANGE IN INTEREST IN RELATED FOUNDATIONS -52,940 EQUITY METHOD INVESTMENT LOSSES -34,700 NET ASSETS RELEASED FROM RESTRICTION 2,989,889 OTHER CHANGES IN UNRESTRICTED NET ASSETS 239,725 TEMPORARY AND PERMANENT CHANGES IN FUND BALANCES 6,239,096

Return Reference	Explanation
SCHEDULE R, PART I	WHATCOM HEALTH INFORMATION NETWORK (HINET) WAS DISSOLVED JUNE 23, 2015 THE OPERATIONS WERE MERGED INTO THE PEACEHEALTH CORPORATE STRUCTURE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WHATCOM HEALTH INFORMATION NETWORK 625 CORNALL AVE BELLINGHAM, WA 98225 91-1993455	INFO NETWORK	WA	1,092,234	1,563,003	PEACEHEALTH

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RIVERBEND AMBULATORY SURGERY CENTER 3355 RIVERBEND DRIVE SPRINGFIELD, OR 97477 20-5575145	MEDICAL	OR	HEALTH VENTURES	RELATED	184,553	1,613,079		No			No	54 050 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COLUMBIA UNITED PROVIDERS 16701 SW MCGILLVRAY BLVD 200 VANCOUVER, WA 98668 91-1624736	MEDICAID MANAGED CARE	WA	PEACEHEALTH NETWORKS	C	140,223,731	46,226,133	92 000 %		No
(2) POOLED INCOME FUND OF PEACEHEALTH #1 1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME FUND	WA	PEACEHEALTH	T	618,816	10,177,637	100 000 %		No
(3) WHATCOM REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME FUND	WA	PEACEHEALTH	T	106,412	3,565,741	100 000 %		No
(4) LOWER COLUMBIA REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME FUND	WA	PEACEHEALTH	T	60,430	1,851,347	100 000 %		No
(5) OREGON REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME FUND	WA	PEACEHEALTH	T	-11,570	5,953,904	100 000 %		No
(6) SUISLAW REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME FUND	WA	PEACEHEALTH	T	44,645	1,945,486	100 000 %		No
(7) SOUTHWEST REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME FUND	WA	PEACEHEALTH	T	55,692	5,206,075	100 000 %		No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) MT BAKER IMAGING LLC 2930 SQUALICUM PARKWAY SUITE 101BELLINGHAM, WA 98225 35-2252095	MEDICAL	WA	RELATED	Yes		2,628,860	2,313,848		No			No	50 000 %
(2) THE OREGON CANCER CENTERS LTD ONE POST STREET 35TH FLOORSAN FRANCISCO, CA 94104 75-2715208	MEDICAL	TX	RELATED	Yes		2,983,280	7,883,589		No			No	50 000 %
(3) OREGON IMAGING CENTERS LLC 1200 HILYARD ST STE 330EUGENE, OR 97401 93-1054138	MEDICAL	OR	RELATED	Yes		1,848,706	2,836,861		No			No	50 000 %
(4) SW WA REGIONAL SURGERY CNTR LLC 200 NE MOTHER JOSEPH PLACE 200VANCOUVER, WA 98664 91-1959910	MEDICAL	WA	RELATED	Yes		1,420,829	1,136,199		No			No	25 170 %
(5) COLUMBIA INTEGRATED NETWORK LLC 700 NE 87TH AVENUEVANCOUVER, WA 98664 46-3817787	MEDICAL	WA	RELATED	Yes		0	180,306		No			No	50 000 %

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART IV	SPLIT INTEREST TRUSTS DISCLOSURE PEACEHEALTH HAS FORMED SEVERAL SPLIT INTEREST TRUSTS THE TRUSTS ARE LISTED AS POOLED INCOME FUNDS ON THE SCHEDULE R, PART IV THESE ENTITIES ACQUIRED PROPERTY FROM PEACEHEALTH IN SALE LEASE-BACK TRANSACTIONS CREATING A CAPITAL LEASE OBLIGATION DURING THE YEAR A SERIES OF TRANSACTIONS OCCURRED BETWEEN PEACEHEALTH AND THE SPLIT INTEREST TRUSTS INCLUDING 1) \$2 4 MILLION IN RENT PAYMENTS FROM PEACEHEALTH TO THE SPLIT INTEREST TRUSTS AND 2) SPLIT INTEREST TRUSTS MADE LOAN PAYMENTS OF \$1 1 MILLION AND \$773,000 IN INTEREST AS PAYMENT ON DEBT TO PEACEHEALTH AS OF 06/30/2015, THE SPLIT INTEREST TRUSTS HAVE A LIABILITY TO THE DONORS OF APPROXIMATELY \$14 83 MILLION CERTAIN INTERESTED PERSONS AND OTHERS ENGAGED IN TRANSACTIONS WITH THE SPLIT INTEREST TRUSTS DURING THE CURRENT FISCAL YEAR THESE INDIVIDUALS CONTRIBUTED \$400,847 TO THE SPLIT INTEREST TRUSTS THE SPLIT INTEREST TRUSTS PAID IN AGGREGATE TO THESE INDIVIDUALS \$48,928 UPON THE DEATH OF THE INDIVIDUAL, AND OR THEIR SUCCESSOR, THEIR OWNERSHIP INTERESTS IN THESE SPLIT INTEREST TRUSTS WILL REVERT BACK TO PEACEHEALTH

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) HEALTH VENTURES 1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1350776	PARTICIPATES IN HEALTHCARE JOINT VENTURES	WA	501(C)(3)	LINE 11A, I	PEACEHEALTH	Yes	
(1) PEACEHEALTH NETWORKS 1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1230425	SUPPORT PEACEHEALTH	WA	501(C)(3)	LINE 11B, II	N/A		No
(2) PEACEHEALTH SW MEDICAL CENTER FDN PO BOX 1600 VANCOUVER, WA 98668 91-1231436	FUNDRAISING	WA	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(3) KETCHIKAN MEDICAL CENTER FDN 3100 TONGASS AVENUE KETCHIKAN, AK 99901 65-1225184	FUNDRAISING	AK	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(4) COTTAGE GROVE MEDICAL CENTER FDN 1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424 93-0688381	FUNDRAISING	OR	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(5) PEACE HARBOR MEDICAL CENTER FDN 400 NINTH STREET FLORENCE, OR 97439 93-1084126	FUNDRAISING	OR	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(6) SACRED HEART MEDICAL CENTER FDN PO BOX 10905 EUGENE, OR 97440 93-6026548	FUNDRAISING	OR	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(7) ST JOHN MEDICAL CENTER FDN 1615 DELAWARE STREET PO BOX 3002 LONGVIEW, WA 98632 91-1538852	FUNDRAISING	WA	501(C)(3)	LINE 7	PEACEHEALTH	Yes	
(8) ST JOSEPH MEDICAL CENTER FDN 2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225 72-1545902	FUNDRAISING	WA	501(C)(3)	LINE 7	PEACEHEALTH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
COLUMBIA UNITED PROVIDERS 16701 SW MCGILLVRAY BLVD 200 VANCOUVER, WA 98668 91-1624736	MEDICAID MANAGED CARE	WA	PEACEHEALTH NETWORKS	C	140,223,731	46,226,133	92 000 %	No
POOLED INCOME FUND OF PEACEHEALTH #1 1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME FUND	WA	PEACEHEALTH	T	618,816	10,177,637	100 000 %	No
WHATCOM REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME FUND	WA	PEACEHEALTH	T	106,412	3,565,741	100 000 %	No
LOWER COLUMBIA REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME FUND	WA	PEACEHEALTH	T	60,430	1,851,347	100 000 %	No
OREGON REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME FUND	WA	PEACEHEALTH	T	-11,570	5,953,904	100 000 %	No
SUISLAW REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME FUND	WA	PEACEHEALTH	T	44,645	1,945,486	100 000 %	No
SOUTHWEST REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME FUND	WA	PEACEHEALTH	T	55,692	5,206,075	100 000 %	No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH VENTURES	C	9,100,000	AT COST
HEALTH VENTURES	L	24,615	AT COST
PEACEHEALTH POOLED INCOME FUNDS	R	2,408,698	AT COST
PEACEHEALTH POOLED INCOME FUNDS	S	1,879,538	AT COST
RELATED FOUNDATIONS	C	136,551	AT COST
RELATED FOUNDATIONS	O	2,665,870	AT COST
RELATED FOUNDATIONS	J	162,456	AT COST
RELATED FOUNDATIONS	P	877,856	AT COST