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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)

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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 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASANTE		D Employer identification number 93-0223960	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	2650 SISKIYOU BLVD		(541) 789-4103	
	City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97504		G Gross receipts \$ 1,165,750,585	
	F Name and address of principal officer PAT HOCKING 2650 SISKIYOU BLVD MEDFORD, OR 97504		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ASANTE.ORG				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1938	M State of legal domicile OR
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ASANTE EXISTS TO PROVIDE QUALITY HEALTHCARE SERVICES IN A COMPASSIONATE MANNER, VALUED BY THE COMMUNITIES WE SERVE		
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	12	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4,266	
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,885,475	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,896,316	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	833,065	1,238,973
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	537,557,261	593,747,841
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,474,223	40,560,898
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,289,261	28,817,558
	597,153,810	664,365,270	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	252,697	193,967
	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)	268,311,381	306,473,044
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	231,523,685	248,128,988
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	500,087,763	554,795,999
	19 Revenue less expenses Subtract line 18 from line 12	97,066,047	109,569,271
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	943,213,574	980,560,303
	21 Total liabilities (Part X, line 26)	365,615,404	381,415,354
	22 Net assets or fund balances Subtract line 21 from line 20	577,598,170	599,144,949

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	<div>*****</div> <div>Signature of officer</div>	<div>2016-08-11</div> <div>Date</div>
	<div>PAT HOCKING CAFO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name JOYLYN M ANKENY CPA	Preparer's signature JOYLYN M ANKENY CPA	Date 2016-08-11	Check <input type="checkbox"/> if self-employed	PTIN P00366587
	Firm's name ▶ AKT LLP			Firm's EIN ▶ 93-0623286	
	Firm's address ▶ 5665 SW MEADOWS RD SUITE 200 LAKE OSWEGO, OR 97035			Phone no (503) 620-4489	

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

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

ASANTE EXISTS TO PROVIDE QUALITY HEALTHCARE SERVICES IN A COMPASSIONATE MANNER, VALUED BY THE COMMUNITIES WE SERVE

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 350,246,056 including grants of \$) (Revenue \$ 461,378,475)

ASANTE'S MAIN PROGRAM SERVICE ACCOMPLISHMENT IS THE OPERATION OF ROGUE REGIONAL MEDICAL CENTER (RRMC), A 378 LICENSED BED HOSPITAL LOCATED IN MEDFORD, OREGON RRMC HAS BEEN NAMED ONE OF THE TOP 100 CARDIOVASCULAR HOSPITALS IN THE U S FIVE TIMES (2000-02, 2004, 2005) THE JOINT COMMISSION CERTIFIED RVMC AS A PRIMARY STROKE CENTER IN 2005, AND THE AMERICAN DIABETES ASSOC HAS ALSO AWARDED RVMC ITS RECOGNITION OF EXCELLENCE RRMC ALSO EARNED THE GOLD PERFORMANCE ACHIEVEMENT AWARD IN CORONARY ARTERY DISEASE (CAD) FROM THE AMERICAN HEART ASSOC AND EARNED ACUMENTRA HEALTH'S "OUTSTANDING PERFORMANCE" AWARD FOR SURGICAL SITE INFECTION PREVENTION AND "EXCELLENT PERFORMANCE" AWARD FOR TREATING HEART FAILURE KEY HOSPITAL INPATIENT SERVICES INCLUDE CANCER SERVICES, CARDIOVASCULAR SURGERY, AND INPATIENT CARDIAC CATHERIZATION LABORATORY, GENERAL MEDICINE, GENERAL SURGERY, GYNECOLOGY, NEONATOLOGY, NEUROSCIENCES, OBSTETRICS, ORTHOPEDICS, PEDIATRICS, AND UROLOGY SERVICES OTHER INPATIENT SERVICES INCLUDE BEHAVIORAL HEALTH, REHABILITATION, AND CRITICAL CARE SERVICES, INCLUDING THE REGION'S ONLY LEVEL 3 NEONATAL INTENSIVE CARE UNIT KEY OUTPATIENT SERVICES INCLUDE EMERGENCY SERVICES, AMBULATORY SURGERY, OUTPATIENT LABORATORY TESTING AND DIAGNOSIS, OUTPATIENT CARDIAC CATHERIZATION LAB, IMAGING, SLEEP SERVICES, HOSPICE, AND VARIOUS THERAPIES, INCLUDING BEHAVIORAL, OCCUPATIONAL, PHYSICAL, AND SPEECH DURING FISCAL YEAR 2015, RRMC ADMITTED 17,228 PATIENTS FOR A TOTAL OF 83,477 PATIENT DAYS IT ALSO HAD OVER 442,000 TOTAL OUTPATIENT VISITS AND DELIVERED 1,718 BABIES THE EMERGENCY ROOMS TREATED 47,112 PATIENTS AND THE CHEMISTRY LABS PERFORMED OVER 1 MILLION TESTS SURGICAL SERVICES PERFORMED 9,714 INPATIENT AND OUTPATIENT SURGERIES AT RRMC, INCLUDING 593 OPEN HEART AND 858 ORTHOPEDIC JOINT REPLACEMENTS OTHER STATISTICS AT RRMC INCLUDE 18,187 HOSPICE VISITS, 60,260 VISITS TO THE VARIOUS REHAB UNITS, AND OVER 149,000 VISITS TO IMAGING

4b

(Code) (Expenses \$ 117,730,665 including grants of \$) (Revenue \$ 155,086,386)

ASANTE'S SECOND LARGEST PROGRAM SERVICE ACCOMPLISHMENT BY EXPENSE IS THE OPERATION OF THREE RIVERS MEDICAL CENTER (TRMC), A 125 LICENSED BED HOSPITAL LOCATED IN GRANTS PASS, OREGON TRMC ALSO HAS ITS SHARE OF SIGNIFICANT AWARDS AND RECOGNITIONS INCLUDING BEING DESIGNATED A BABY FRIENDLY HOSPITAL BY WHO AND UNICEF AND IS THE NATION'S FIRST MOTHER FRIENDLY HOSPITAL BY THE CENTER FOR IMPROVING MATERNITY SERVICES THE AMERICAN DIABETES ASSOCIATION HAS ALSO DESIGNATED TRCH WITH IT'S "RECOGNITION OF EXCELLENCE" TRMC ALSO EARNED ACUMENTRA HEALTH'S "OUTSTANDING PERFORMANCE" AWARD FOR SURGICAL SITE INFECTION PREVENTION AND AN "EXCELLENT PERFORMANCE" AWARD FOR TREATING HEART FAILURE SOME OF THE KEY INPATIENT SERVICES AVAILABLE AT TRMC INCLUDE CANCER SERVICES, GENERAL MEDICINE, GENERAL SURGERY, GYNECOLOGY, OBSTETRICS, ORTHOPEDICS, AND PEDIATRICS SOME OF THE KEY OUTPATIENT SERVICES INCLUDE EMERGENCY SERVICES, AMBULATORY SURGERY, OUTPATIENT LAB TESTING, CARDIOPULMONARY SERVICES, OUTPATIENT CARDIAC CATHERIZATION LAB, IMAGING AND VARIOUS THERAPIES INCLUDING PHYSICAL, OCCUPATIONAL, AND SPEECH DURING THE FISCAL YEAR, TRMC ADMITTED 7,141 INPATIENTS FOR A TOTAL OF 23,176 PATIENT DAYS IT ALSO DELIVERED 756 BABIES AND HAD OVER 256,000 OUTPATIENT VISITS THE CHEMISTRY LAB PERFORMED NEARLY 560,000 TESTS AND THE EMERGENCY ROOM SAW 39,141 PATIENTS THERE WERE 6,772 SURGERIES PERFORMED DURING THE YEAR INCLUDING 460 TOTAL JOINT REPLACEMENTS TRMC'S REHAB DEPARTMENT HAD 30,716 VISITS AND THE VARIOUS IMAGING DEPARTMENT HAD 117,633 VISITS RENEWING A STRONG COMMITMENT TO REMAIN ON THE LEADING EDGE OF TECHNOLOGY, A NEW 3-TESLA MRI SCANNER, THE MOST POWERFUL MRI AVAILABLE IN THE WORLD, IS NOW IN USE AT TRMC

4c

(Code) (Expenses \$ 4,813,346 including grants of \$ 193,967) (Revenue \$ 6,340,612)

ASANTE'S CORPORATE DIVISION HAS MADE GENEROUS CASH DONATIONS TO NUMEROUS NON-PROFIT ORGANIZATIONS THESE DONATIONS HELP SUPPORT LOCAL SCHOOLS AND OTHER YOUTH ACTIVITIES, SUCH AS LITTLE LEAGUE AND DRUG FREE GRAD NIGHTS AT LOCAL HIGH SCHOOLS THE CORPORATE DIVISION HAS ALSO MADE SIGNIFICANT CONTRIBUTIONS TO NATIONALLY RECOGNIZED MEDICAL ASSOCIATIONS, SUCH AS THE AMERICAN RED CROSS AND DIABETES ASSOCIATIONS OTHER CONTRIBUTIONS HAVE BEEN MADE TO HEALTH ORGANIZATIONS THAT ASSIST THE LOCAL SPANISH SPEAKING POPULATION, AND OTHERS HAVE BEEN MADE TO ORGANIZATIONS THAT ASSIST LOCAL SENIORS OFTEN, INDIGENT AND MEDICAID PATIENTS WILL SHOW UP AT THE EMERGENCY ROOM IN NEED OF SPECIALIZED MEDICAL CARE IN ORDER TO ASSURE THAT UNASSIGNED INDIGENT AND MEDICAIDPATIENTS HAVE SPECIALIZED CARE AVAILABLE TO THEM, ASANTE CREATED SOUTHERN OREGONTRAUMA AND EMERGENCY SERVICES (SOTES) SOTES CONTRACTS WITH LOCAL INDEPENDENT PHYSICIANS TO PROVIDE SPECIALIZED CARE TO THESE PATIENTS THROUGHOUT THEIR HOSPITAL STAY THE PHYSICIAN BILLS SOTES, WHICH WILL REIMBURSE THE SPECIALIST AT MEDICARE RATES SOTES OPERATES AT BREAK-EVEN EXPENSES ARE FULLY FUNDED AND REIMBURSED TO THE DOCTOR BY THE HOSPITALS

4d

Other program services (Describe in Schedule O)





















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

4e

Total program service expenses

472,790,067

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	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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	Yes	
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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	12	
	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		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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	No
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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
b	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
b	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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	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	Yes
b	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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" 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 PATRICK HOCKING	

2650 SISKIYOU BLVD
MEDFORD, OR 97504 (541) 789-4549

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) 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) ALAN BINETTE CHAIRPERSON	2 00	X		X				0	0	0
(2) THOMAS R MCGILLOWAY TREASURER	2 00	X		X				0	0	0
(3) GAYLE BYRNE TRUSTEE	2 00	X						0	0	0
(4) RAY A COX SECRETARY	2 00	X		X				0	0	0
(5) RONALD JONES MD TRUSTEE	2 00	X						0	0	0
(6) JAMES M WRIGHT TRUSTEE	2 00	X						0	0	0
(7) ROY VINYARD PRESIDENT & CEO	40 00	X		X				1,260,716	0	350,278
(8) ANNE GOLDEN TRUSTEE	2 00	X						0	0	0
(9) STEPHEN D ROE VICE CHAIRPERSON	2 00	X		X				0	0	0
(10) THOMAS M TUREK MD TRUSTEE	2 00	X						0	0	0
(11) PETER ANGSTADT TRUSTEE	2 00	X						0	0	0
(12) DOUGLASS SCHMOR TRUSTEE	2 00	X						0	0	0
(13) SCOTT KELLY RRMC CEO	40 00			X				580,134	0	213,574
(14) WIN HOWARD TRMC CEO	40 00			X				428,363	0	189,485

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			
(15) PATRICK HOCKING CFO	40 00			X				444,811	0	143,825
(16) GREG EDWARDS PEOPLE OFFICER	40 00				X			351,777	0	144,792
(17) MARK HETZ CH INFO OFFICER	40 00				X			418,471	0	160,865
(18) ROBERT THOMPSON FORMER QUALITY OFFICER	40 00				X			225,396	0	76,810
(19) JAMES GIESEN MEDICAL DOCTOR	40 00					X		371,202	0	82,383
(20) MICHAEL MCCASKILL MEDICAL DOCTOR	40 00					X		407,865	0	77,929
(21) JAMES GREBOSKY MEDICAL DOCTOR	40 00					X		389,796	0	132,194
(22) JENNIFER HALL MEDICAL DOCTOR	40 00					X		383,798	0	72,933
(23) KENNETH LINDSEY MEDICAL DOCTOR	40 00					X		357,851	0	118,049

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	5,620,180	0	1,763,117

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▶250

		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 Yes	
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
SOUTHERN OREGON CARDIOLOGY LLC 520 MEDICAL CENTER DRIVE SUITE 200 MEDFORD, OR 97504	CARDIAC SERVICES	1,031,420
INTERIM PHYSCIANS LLC 12140 WOODCREST EXEC DR ST LOUIS, MO 63141	PHYSICIAN SERVICES	247,133
PHARMEDIUM SERVICES LLC 150 NORTH FIELD DR STE 350 LAKE FOREST, IL 60045	PHARMACY SERVICES	210,696
THE WOMEN'S CENTER LLC 3170 STATE ST MEDFORD, OR 97504	WOMEN'S SERVICES	194,668
FOCUSONE SOLUTIONS LLC 13609 CALIFORNIA ST STE 420 OMAHA, NE 68154	MANAGEMENT SERVICES	122,752

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 ▶7

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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,238,973			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,238,973			
Program Service Revenue	2a	HOSPITAL SERVICES	Business Code 622110	593,747,841	592,622,559	1,125,282	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		593,747,841			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,505,798		10,505,798
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
b		Rental income or (loss)					
c		Net rental income or (loss)		-2,012,213			-2,012,213
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
b		Gain or (loss)					
c		Net gain or (loss)		30,055,100	113,336		29,941,764
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		760,193		760,193		
Miscellaneous Revenue		Business Code					
11a	OTHER OPERATING INCOME	900099	19,057,911	19,057,911			
b	NUTRITION SERVICES	621990	9,644,273	9,644,273			
c	JV INCOME	621990	1,367,394	1,367,394			
d	All other revenue						
e	Total. Add lines 11a-11d		30,069,578				
12	Total revenue. See Instructions		664,365,270	622,805,473	1,885,475	38,435,349	

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.	164,489	164,489		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	29,478	29,478		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,994,722	2,997,361	2,997,361	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	454,628	227,314	227,314	
7	Other salaries and wages.	215,739,483	189,842,678	25,896,805	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,966,429	9,456,902	1,509,527	
9	Other employee benefits.	56,398,753	51,525,578	4,873,175	
10	Payroll taxes.	16,919,029	14,757,151	2,161,878	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	599,882	51,337	548,545	
c	Accounting.	345,146		345,146	
d	Lobbying.	101,574		101,574	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,888,042		1,888,042	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,585,332	3,774,374	5,810,958	
12	Advertising and promotion.	551,401		551,401	
13	Office expenses.	13,099,292	6,549,646	6,549,646	
14	Information technology.				
15	Royalties.				
16	Occupancy.	22,820,468	16,120,607	6,699,861	
17	Travel.	438,755	302,898	135,857	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	994,794	662,198	332,596	
20	Interest.	12,028,177	10,818,060	1,210,117	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	36,258,976	26,987,120	9,271,856	
23	Insurance.	4,900,385	3,728,790	1,171,595	
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	PATIENT SUPPLIES	98,620,454	98,620,454		
b	PURCHASED SERVICES	32,760,999	25,689,807	7,071,192	
c	OTHER OPERATING EXPENSE	5,729,759	3,341,155	2,388,604	
d	BAD DEBTS	5,196,786	5,196,786		
e	All other expenses	2,208,766	1,945,884	262,882	
25	Total functional expenses. Add lines 1 through 24e.	554,795,999	472,790,067	82,005,932	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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		43,542,485	1	38,266,954
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		77,243,458	4	88,536,476
	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		1,316,012	7	5,222,993
	8	Inventories for sale or use		5,677,389	8	6,059,376
	9	Prepaid expenses and deferred charges		5,513,362	9	6,368,355
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	783,411,014		
	b	Less accumulated depreciation	10b	468,592,925	305,505,639	10c 314,818,089
	11	Investments—publicly traded securities		479,301,795	11	498,994,560
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,113,434	15	22,293,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)		943,213,574	16	980,560,303
Liabilities	17	Accounts payable and accrued expenses		13,218,311	17	12,587,751
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		33,200,000	20	32,675,000
	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		237,578,406	23	243,665,522
	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		81,618,687	25	92,487,081
	26	Total liabilities. Add lines 17 through 25		365,615,404	26	381,415,354
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		577,598,170	27	599,144,949
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	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		577,598,170	33	599,144,949
	34	Total liabilities and net assets/fund balances		943,213,574	34	980,560,303

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	664,365,270
2	Total expenses (must equal Part IX, column (A), line 25)	2	554,795,999
3	Revenue less expenses Subtract line 2 from line 1	3	109,569,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	577,598,170
5	Net unrealized gains (losses) on investments	5	-62,407,958
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	-25,614,534
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	599,144,949

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?		No
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		

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 ASANTE	Employer identification number 93-0223960
------------------------------------	--

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

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

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

Section D. Computation of Investment Income Percentage		
17Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a33 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 ▶		
b33 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 ▶		
20Private 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 ASANTE	Employer identification number 93-0223960
------------------------------------	--

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?	Yes		49,470
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		47,025
j	Total. Add lines 1c through 1i.			96,495
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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	ASANTE MAINTAINS MEMBERSHIPS IN THE AMERICAN HOSPITAL ASSOC (AHA) AND OREGON ASSOC OF HOSPITALS AND HEALTHCARE SYSTEMS (OAHHS) DURING TAX YEAR 2014, ASANTE PAID MEMBERSHIP DUES TO THE AHA AND OAHHS OF \$76,713 AND \$178,360 RESPECTIVELY. 17.93% OF OAHHS DUES AND 22.80% OF AHA DUES WENT FOR LOBBYING PURPOSES. THUS, ASANTE MADE INDIRECT LOBBYING EXPENDITURES OF \$50,242 THROUGH ITS MEMBERSHIP DUES. ALSO, ASANTE PAID JOHN WATT AND ASSOCIATES (JWA) \$47,025 FOR SPECIFIC ISSUES LOBBYING DURING THE TAX YEAR. JWA IS AN ADVOCATE FOR ASANTE AND SPECIALIZES IN BALLOT PROPOSITIONS AFFECTING THE HEALTHCARE INDUSTRY.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ASANTE	Employer identification number 93-0223960
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ 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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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
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	19,262,867	18,901,661	18,536,029	18,306,191	17,929,742
b Contributions	369,173	320,785	268,729	104,176	215,695
c Net investment earnings, gains, and losses	213,139	181,774	163,135	162,870	169,689
d Grants or scholarships	35,278	141,353	66,232	37,198	8,935
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,809,910	19,262,867	18,901,661	18,536,039	18,306,191

- 2

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

Board designated or quasi-endowment

77 580 %
- b

Permanent endowment

20 970 %
- c

Temporarily restricted endowment

1 450 %
- 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
- b

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

3b

Yes
- 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	13,611,701	8,742,576		22,354,277
b Buildings		339,913,429	165,993,167	173,920,262
c Leasehold improvements		7,456,525	6,082,149	1,374,376
d Equipment		385,493,441	296,517,609	88,975,832
e Other		28,193,342		28,193,342
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				314,818,089

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	779,998,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	126,292,198
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	126,292,198
e	Add lines 2a through 2d	2e	126,292,198
3	Subtract line 2e from line 1	3	653,706,115
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	10,659,155
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,888,042
b	Other (Describe in Part XIII)	4b	8,771,113
c	Add lines 4a and 4b	4c	10,659,155
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	664,365,270

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	620,216,455
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	72,563,482
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	72,563,482
e	Add lines 2a through 2d	2e	72,563,482
3	Subtract line 2e from line 1	3	547,652,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	7,143,026
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7,143,026
c	Add lines 4a and 4b	4c	7,143,026
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	554,795,999

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 ASANTE FOUNDATION, A 501(C)(3) ORGANIZATION, IS DIRECTLY RELATED TO AND CONTROLLED BY ASANTE IT IS IDENTIFIED ON SCHEDULE R, PART II AS A RELATED TAX-EXEMPT ORGANIZATION THE ASANTE FOUNDATION MAINTAINS THE ASSETS OF 14 DIFFERENT ENDOWMENTS WITH A NET WORTH OF OVER \$19.8 MILLION THE CORPUS OF THE ENDOWMENTS IS TO REMAIN INTACT AND INVESTED IN MARKETABLE SECURITIES AND OTHER FINANCIAL INSTRUMENTS AT THE END OF EACH FISCAL YEAR, ANY INVESTMENT INCOME GENERATED FROM THE ENDOWMENTS IS RELEASED TO ASANTE THE INCOME RECEIVED IS USED TO SUBSIDIZE NUMEROUS PROGRAMS, INCLUDING THE RRMHC HOSPICE, PHYSICIAN AND NURSING EDUCATION, CHILDREN'S HEALTH, ONCOLOGY PROGRAMS, AND SUPPORT OF THE FRANCIS CHENEY AND THREE RIVERS FAMILY HOUSES
PART X, LINE 2	IT IS THE OPINION OF BOTH THE MANAGEMENT OF ASANTE AND KPMG THAT NO UNCERTAIN TAX POSITIONS WERE TAKEN DURING THE FISCAL YEAR THIS OPINION IS STATED IN THE FOOTNOTES OF THE AUDITED CONSOLIDATED FINANCIAL STATMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	ASANTE FOUNDATION INVESTMENT INCOME 2,759,745 OPERATING INCOME FROM AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL STMT 82,951,941 PROVIDER TAX NETTED WITH REVENUE FOR TAX RETURN 33,828,144 AFFILIATE INVESTMENT REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STMT 2,420,770 COST OF GOODS SOLD NETTED WITH REVENUE 4,331,598
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE NETTED WITH REVENUE ON FINANCIAL STMT 7,143,026 FOUNDATION NONOPERATING LOSS INCLUDED IN CONSOLIDATED FINANCIAL STMT 1,628,087
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED LOSS ON INVESTMENTS -69,035,260 AFFILIATE OPERATING EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STMT 103,439,000 PROVIDER TAX NETTED WITH REVENUE FOR TAX RETURN 33,828,144 COST OF GOODS SOLD NETTED WITH REVENUE 4,331,598
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 7,143,026
SCHEDULE D PART XI, XII AND XIII	THE FINANCIAL STATEMENTS AND SCHEDULES OF ASANTE ARE AUDITED BY THE ACCOUNTING FIRM OF KPMG THEY ARE COMPILED ON A CONSOLIDATED BASIS THE CONSOLIDATED FINANCIAL STATEMENTS AND SCHEDULES CONTAIN FINANCIAL INFORMATION ABOUT ENTITIES WITHIN ASANTE THAT ARE NOT INCLUDED ON THE ASANTE FORM 990 FINANCIAL INFORMATION ABOUT THE ASANTE FOUNDATION, ASANTE PHYSICIANS PARTNERS, SOUTHERN OREGON INSURANCE COMPANY, AND ASANTE ASHLAND COMMUNITY HOSPITAL ARE INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS BUT, SINCE EACH OF THOSE ENTITIES RETAIN THEIR OWN TAX IDENTIFICATION NUMBER, THEY FILE THEIR OWN SEPARATE FORM 990 THUS, THEIR FINANCIAL INFORMATION IS EXCLUDED FROM THE ASANTE FORM 990 AND ARE INCLUDED AS RECONCILING ITEMS ON SCHEDULE D ON THE ASANTE FORM 990, SCHEDULE D, PARTS XI, XII, AND XIII, WE HAVE RECONCILED THE TOTAL REVENUES, TOTAL EXPENSES, AND NET ASSETS TO THE CONSOLIDATED STATEMENT OF OPERATIONS ON THE AUDITED FINANCIAL STATEMENTS IN MANY CASES, THE FINANCIAL INFORMATION OF THESE OTHER ENTITIES IS CONTAINED WITHIN THE REVENUE, EXPENSES, AND NET ASSETS ITEMS IN THE FINANCIAL STATEMENT AND MAY NOT BE READILY DISTINGUISHED ON THE FINANCIAL STATEMENT LINE ITEMS

[illegible]

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
ASANTE

Employer identification number
93-0223960

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		No
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		
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)		49,653	7,433,475		7,433,475	1 340 %
b Medicaid (from Worksheet 3, column a)		116,309	144,519,955	66,046,941	78,473,014	14 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		7,531	13,898,207	11,105,214	2,792,993	0 500 %
d Total Financial Assistance and Means-Tested Government Programs		173,493	165,851,637	77,152,155	88,699,482	15 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		49,054	7,028,987	620,118	6,408,869	1 160 %
f Health professions education (from Worksheet 5)			102,125		102,125	0 020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			305,347	34,637	270,710	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			190,568		190,568	0 030 %
j Total Other Benefits		49,054	7,627,027	654,755	6,972,272	1 260 %
k Total . Add lines 7d and 7j		222,547	173,478,664	77,806,910	95,671,754	17 240 %

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			18,315		18,315	0 %
6Coalition building						
7Community health improvement advocacy			159,100		159,100	0 030 %
8Workforce development						
9Other						
10Total			177,415		177,415	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1Yes

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

21,560,626

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

3230,973

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)

5140,335,375

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

6189,307,713

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

7-48,972,338

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?

9aYes

No

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

9bYes

No

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 1 SISKIYOU IMAGING	RADIOLOGY & IMAGING SVC	33 330 %		33 330 %
2 2 CVI MANAGEMENT CO LLC	MANAGEMENT SERVICES	25 000 %		75 000 %
3 3 CVI REAL PROPERTY	PROPERTY MANAGEMENT	25 000 %		75 000 %
4 4 SOUTHERN OREGON LINEN SVCS	LINEN PROCESSING	34 000 %		
5 5 HEALTH FUTURE LLC	SUPPLIES PURCHASING	14 300 %		
6 6 GRANTS PASS SURGICAL CENTER	OUTPATIENT SURGERIES	35 000 %		65 000 %
7 7 SURGERY CENTER OF SO OREGON	OUTPATIENT SURGERIES	20 000 %		80 000 %
8 8 LHC	HOME HEALTH	25 000 %		
9 9 ACCENTCARE	HOME HEALTH	10 000 %		
10				
11				
12				
13				

Part V

Facility Information

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?

2
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
	See Additional Data Table										

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)

ROGUE REGIONAL MEDICAL CENTER

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):

1

		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	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) HTTP //WWW.ASANTE.ORG/APP/FILES/PUBLIC/2053/2014-COMMUNITY-HEALTH-NEEDS-ASS		
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
	HTTP //WWW.ASANTE.ORG/APP/FILES/PUBLIC/2053/2014-COMMUNITY-		
a	If "Yes" (list url) HEALTH-NEEDS-ASS		
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)

Name of hospital facility or letter of facility reporting group		ROGUE REGIONAL MEDICAL CENTER	
		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that 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 type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input 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 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) HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/			
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 checked="" 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 type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

ROGUE REGIONAL MEDICAL CENTER

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)

THREE RIVERS MEDICAL CENTER

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):

2

		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
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 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	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) HTTP //WWW ASANTE ORG/APP/FILES/PUBLIC/2053/2014-COMMUNITY-HEALTH-NEEDS-ASS		
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
	HTTP //WWW ASANTE ORG/APP/FILES/PUBLIC/2053/2014-COMMUNITY-		
a	If "Yes" (list url) HEALTH-NEEDS-ASS		
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)

Name of hospital facility or letter of facility reporting group

THREE RIVERS MEDICAL CENTER

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that 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 type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input 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?	15	Yes
	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)		
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 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?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/</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 checked="" 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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

THREE RIVERS MEDICAL CENTER		
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	19	No
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		
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	21	Yes
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)		
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	23	No
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	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? **1**

Name and address	Type of Facility (describe)
1 ROGUE VALLEY RX 2900 E BARNETT ROAD MEDFORD, OR 97504	OUTPATIENT PHARMACY
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 II, COMMUNITY BUILDING ACTIVITIES	IN FISCAL 2015, ASANTE'S CONTRIBUTION TO COMMUNITY HEALTH IMPROVEMENTS ADVOCACY INCLUDES \$4,000 TO THE JACKSON COUNTY CHILD ABUSE TASKFORCE, \$2,000 TO THE AMERICAN CANCER SOCIETY, AND \$5,000 TO HEARTS AND VINES IN ADDITION, ASANTE CONTRIBUTED OVER \$50,000 TO VARIOUS COMMUNITY ORGANIZATIONS, INCLUDING THE BOYS AND GIRLS CLUBS AND YMCA OF MEDFORD, THE JACKSONVILLE BRITT FESTIVAL, AND THE OREGON SHAKESPEAREAN FESTIVAL ASANTE ALSO CONTIBUTED \$18,315 TO LOCAL CHAMBERS OF COMMERCE TO HELP BUILD LEADERSHIP AMONG BUSINESSES IN THE COMMUNITY

Form and Line Reference	Explanation
PART III, LINE 2	COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 3	PERCENTAGE OF THE POPULATION THAT WOULD QUALIFY FOR CHARITY CARE ACCORDING TO POVERTY RATE FROM CENSUS BUREAU, 14 8% POVERTY RATE IN 2014, THAT PERCENTAGE OF BAD DEBT IS ASSUMED TO BE PART OF MISSED CHARITY CARE

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE IS REPORTED BASED ON GROSS PATIENT CHARGES THAT HAVE BEEN WRITTEN OFF DUE TO NON-PAYMENT

Form and Line Reference	Explanation
PART III, LINE 8	CERTAIN GOVERNMENT SPONSORED HEALTH INSURANCE COMPANIES, SUCH AS MEDICARE AND MEDICAID, PAY A SIGNIFICANTLY REDUCED AMOUNT FOR MEDICAL SERVICES RENDERED TO THEIR INSUREES. IN MOST CASES, THE AMOUNT PAID DOES NOT EVEN COVER THE EXPENSES OF RENDERING SERVICES. ASANTE CONSIDERS THE DIFFERENCE BETWEEN THE EXPENSES OF RENDERING SERVICES TO MEDICARE AND MEDICAID PATIENTS, AND THE AMOUNT OF NET REIMBURSEMENT FROM THESE GOVERNMENT SPONSORED INSURANCE COMPANIES A COMMUNITY BENEFIT. CALCULATION: TOTAL MEDICARE PAYMENTS PER COST REPORT LESS TOTAL MEDICARE COSTS PER COST REPORT = UNRECOVERED MEDICARE COST PER COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	IF THERE IS AN INDICATION THAT A PATIENT MAY BE UNABLE TO PAY THEIR BILL, A FINANCIAL QUESTIONNAIRE IS GIVEN OR SENT TO THE PATIENT ON RECEIPT OF THE COMPLETED QUESTIONNAIRE, THE BUSINESS OFFICE WILL DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE AND NOTIFY THE PATIENT WITHIN 20 DAYS ELIGIBILITY IS DETERMINED BASED UPON THE QUESTIONNAIRE AND ON FINANCIAL DOCUMENTS, SUCH AS TAX RETURNS, SSI STATEMENTS, PAYCHECK STUBS, AND FSA/HSA INFORMATION THE PATIENT'S OTHER FINANCIAL OBLIGATIONS, NUMBER OF DEPENDENTS, ASSETS AND OTHER FINANCIAL CIRCUMSTANCES ARE CONSIDERED OFTEN, A PATIENT WILL NOT PROVIDE A FINANCIAL QUESTIONNAIRE, SO THE BUSINESS OFFICE WILL USE SOFT CREDIT CHECKS AND ZIP CODES+4 TO HELP DETERMINE ELIGIBILITY THE PERCENTAGE OF FINANCIAL ASSISTANCE PROVIDED IS BASED UPON A SLIDING SCALE TABLE THAT UTILIZES THE PATIENT FAMILY'S INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY GUIDELINES

Form and Line Reference	Explanation
PART VI, LINE 2	ASANTE'S FIVE PRIMARY SOURCES OF INPUT INCLUDE THE COMMUNITY LEADERS FORUM, THE ENVIRONMENTAL ASSESSMENT, THE COMMUNITY ASSESSMENT SURVEY, FORMAL CONVERSATIONS WITH OUR COLLABORATORS, AND IDENTIFIED STRATEGIC PLAN GAPS FROM THE PREVIOUS YEAR

Form and Line Reference	Explanation
PART VI, LINE 3	THE FINANCIAL ACCESS SPECIALISTS, CREDIT ANALYSTS, AND REGISTRATION PERSONNEL WORK WITH THE PATIENT EITHER AT THE TIME OF SCHEDULING, ARRIVAL AT THE HOSPITAL, OR DURING THE BILLING PROCESS IF THE PATIENT DISCLOSES THEY WILL HAVE DIFFICULTY PAYING, WE ASSIST THEM APPLYING FOR THE OREGON HEALTH PLAN, FINANCIAL ASSISTANCE, OR A PAYMENT PLAN BASED UPON INCOME AND EXPENSES, A PATIENT MAY BE ELIGIBLE FOR CHARITY CARE WRITE-OFF OF BETWEEN 10% AND 100% OF THEIR BILL

Form and Line Reference	Explanation
PART VI, LINE 4	THE MOST NOTABLE FACT ABOUT THE DEMOGRAPHICS OF OUR SERVICE AREA IS THAT WE HAVE A RATHER ELDERLY POPULATION, BOTH IN OUR PRIMARY SERVICE AREA OF JACKSON AND JOSEPHINE COUNTIES, BUT ALSO OUR SECONDARY SERVICE AREA OF NORTHERN CALIFORNIA AND SOUTHERN OREGON IN FISCAL 2015, PATIENTS 65+ ACCOUNTED FOR 38.26% AND 46.60% OF ADMISSIONS AT RPMC AND TRMC RESPECTIVELY FOR THE NEXT 20 YEARS, THE 65+ AGE GROUP IS FORECAST TO BE THE FASTEST GROWING SEGMENT OF THE POPULATION IN ADDITION, THE OVERALL POPULATION GROWTH OF OUR PRIMARY SERVICE AREA IS ALSO FORECAST TO AVERAGE 1% PER YEAR FOR THE NEXT 30 YEARS

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ALONG WITH PROVIDING QUALITY HEALTHCARE, ASANTE FURTHERS ITS EXEMPT PURPOSE AND FULFILLS ITS MISSION TO THE COMMUNITY BY PROVIDING OR SUBSIDIZING NUMEROUS CLASSES, SUPPORT GROUPS, HEALTH FAIRS, AND SELF-HELP PROGRAMS. THESE PROGRAMS ARE AT NO OR LOW COST TO THE PUBLIC. THE ASANTE COMMUNITY HEALTH EDUCATION PROGRAM IS AN ONGOING, NO COST PROGRAM, OPEN TO ALL COMMUNITY MEMBERS. IN FY 2015, OVER 30 COMMUNITY HEALTH EDUCATION CLASSES WERE OFFERED AT RPMC AND TRMC. ON AVERAGE, ATTENDANCE WELL EXCEEDED 75 PEOPLE AT EACH EVENT. ASANTE ALSO PROMOTES AND EXTENDS PATIENT CARE BY PROVIDING SPACE AND MATERIALS TO APPROXIMATELY 30 SUPPORT GROUPS. ASANTE HOSPICE, RPMC AND TRMC CANCER SERVICES, AND RPMC/TRMC WOMEN AND CHILDREN'S SERVICES PROVIDE STAFF, RESOURCES AND ORGANIZATIONAL SUPPORT FOR VARIOUS WELL-ATTENDED SUPPORT GROUPS AND DEDICATIONAL EVENTS, SUCH AS "CANCER SURVIVOR'S DAY." MANY OTHER SUPPORT GROUPS ARE COMMUNITY-LED, BUT LOGISTICALLY SUPPORTED BY ASANTE HEALTH SYSTEM AND AFFILIATED CLINICAL STAFF MEMBERS. THE SMULLIN HEALTH EDUCATION CENTER HOUSES COMMUNITY AND HEALTHCARE RELATED EVENTS. ALONG WITH THE ASANTE COMMUNITY HEALTH EDUCATION PROGRAM AND SUPPORT GROUPS, SMULLIN HOSTED OVER 250 EVENTS. OPERATIONALLY, ASANTE HEALTH SYSTEM SUPPORTS THESE EVENTS BY PROVIDING SALARIES, BENEFITS, SUPPLIES AND CLASSROOM SPACE. ADDITIONALLY, ASANTE IS THE SOLE SUPPORT OF THE FRANCIS CHENEY FAMILY PLACE AND THE THREE RIVERS FAMILY HOUSE. MUCH LIKE THE RONALD MCDONALD HOUSE, THESE HOUSES PROVIDE LOW-COST TEMPORARY LODGING FOR FAMILIES OF PATIENTS AT RPMC OR TRMC. DONATIONS ARE ACCEPTED, BUT NO ONE IS DENIED LODGING FOR AN INABILITY TO CONTRIBUTE. ASANTE HEALTH SYSTEM HAS SEVERAL CLINICAL DEPARTMENTS THAT PROVIDE NON-BILLED SERVICES TO COMMUNITY MEMBERS. THESE DEPARTMENTS INCLUDE THE STERILE PROCESSING DEPARTMENT, IMAGING DEPARTMENT, RPMC/TRMC PHARMACIES (BOTH HOSPITAL AND RETAIL), SOCIAL SERVICES, RESOURCE MANAGEMENT, SENIOR TRANSPORTATION, AND THE SUPPORTIVE CARE TEAM. RPMC ALSO PROVIDES FREE LAB WORK TO THE PATIENTS OF THE COMMUNITY HEALTH CENTERS. THE ASANTE HEALTH SYSTEM STRIVES TO MEET THEIR ON-GOING MISSION. ASANTE EXISTS TO PROVIDE QUALITY HEALTHCARE SERVICES IN A COMPASSIONATE MANNER, VALUED BY THE COMMUNITIES WE SERVE.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	ASANTE IS A COMMUNITY OWNED AND GOVERNED NOT-FOR-PROFIT HEALTH SYSTEM PROVIDING COMPREHENSIVE HEALTHCARE SERVICES TO MORE THAN 550,000 RESIDENTS IN NINE COUNTIES THROUGHOUT SOUTHERN OREGON AND NORTHERN CALIFORNIA THE SYSTEM WAS FORMED IN 1995 TO INCLUDE ROGUE REGIONAL MEDICAL CENTER (RRMC) IN MEDFORD, AND THREE RIVERS MEDICAL CENTER (TRMC) IN GRANTS PASS IN 2003, ASANTE FORMED ASANTE COMMUNITY SERVICES, WHICH PROVIDES LIFELINE AND RUNS THE OUTPATIENT PHARMACY

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

Additional Data

Software ID:
Software Version:
EIN: 93-0223960
Name: ASANTE

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
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 5 AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT'S REQUIREMENT TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, ASANTE AND ASHLAND COMMUNITY HOSPITAL PARTNERED WITH PROFESSIONAL RESEARCH CONSULTANTS, INC TO COMPLETE 600 COMMUNITY SURVEYS IN FISCAL YEAR 2014 THAT YEAR, WE ALSO HELD A FOCUS GROUP COMPRISED OF 7 KEY COMMUNITY LEADERS FROM JACKSON AND JOSEPHINE COUNTIES THE FOCUS GROUP DISCUSSED THE INDIVIDUAL LEADERS' EXPERIENCES AND PERCEPTIONS OF THE TOP HEALTH CONCERNS IN OUR COMMUNITY

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
THREE RIVERS MEDICAL CENTER	PART V, SECTION B, LINE 5 AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACTS REQUIREMENT TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, ASANTE PARTNERED WITH PROFESSIONAL RESEARCH CONSULTANTS, INC TO COMPLETE 600 COMMUNITY SURVEYS IN FISCAL YEAR 2014 THAT YEAR, WE ALSO HELD A FOCUS GROUP COMPRISED OF 7 KEY COMMUNITY LEADERS FROM JACKSON AND JOSEPHINE COUNTIES THE FOCUS GROUP DISCUSSED THE INDIVIDUAL LEADERS EXPERIENCES AND PERCEPTIONS OF THE TOP HEALTH CONCERNS IN OUR COMMUNITY ALSO REQUIRED IS THE DEVELOPMENT AND EXECUTION OF AN IMPLEMENTATION STRATEGY TO ADDRESS THESE CONCERNS

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
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 6A ASANTE ASHLAND COMMUNITY HOSPITAL IN ASHLAND, OREGON THREE RIVERS MEDICAL CENTER IN GRANTS PASS, OREGON

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
THREE RIVERS MEDICAL CENTER	PART V, SECTION B, LINE 6A ASANTE ASHLAND COMMUNITY HOSPITAL IN ASHLAND, OREGONROGUE REGIONAL MEDICAL CENTER IN MEDFORD, OREGON

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
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 6B KEY INFORMANTS INCLUDE PARTNERSHIPS WITH LOCAL LAW ENFORCEMENT AND COMMUNITY-BASED ORGANIZATIONS, OTHER COLLABORATIVES INCLUDE SOUTHERN OREGON SUCCESS AND THE UNITED WAY

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
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Form and Line Reference	Explanation
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 11 IDENTIFIED HEALTH NEEDS THE TOP FIVE HEALTH NEEDS IDENTIFIED BY BOTH SURVEY AND FOCUS GROUP PARTICIPANTS ARE 1 MENTAL/BEHAVIORAL HEALTH2 SUBSTANCE ABUSE TREATMENT3 ACCESS TO HEALTHCARE4 HEALTH EDUCATION5 OBESITYIMPLEMENTATION STRATEGYASANTE WILL ADDRESS THE TOP IDENTIFIED COMMUNITY HEALTH NEEDS IN THE FOLLOWING WAYS 1 MENTAL/BEHAVIORAL HEALTH 1 CONTINUE TO PROVIDE HIGH-QUALITY CARE TO BEHAVIORAL HEALTH PATIENTS AT ASANTE ROGUE REGIONAL MEDICAL CENTER, WHICH HOUSES THE ONLY INPATIENT BEHAVIORAL HEALTH UNIT IN SOUTHERN OREGON2 PARTNER WITH THE JACKSON COUNTY HEALTH DEPARTMENT TO BUILD ONE OF THE ONLY FULL-SERVICE TREATMENT FACILITIES IN OREGON FOR CHILDREN SUFFERING FROM AUTISM3 DEVELOP PRIMARY CARE BEHAVIORAL HEALTH TEAMS TO COORDINATE THE CARE OF PATIENTS PRIOR TO THEIR NEED FOR INPATIENT CARE2 SUBSTANCE ABUSE TREATMENT 1 CONTINUE TO WORK WITH LOCAL PROVIDERS SUCH AS THE ADDICTIONS RECOVERY CENTER TO COORDINATE CARE2 CONTINUE TO WORK WITH THE JACKSON COUNTY HEALTH DEPARTMENT TO PROVIDE COMMUNITY AWARENESS REGARDING THE GROWING PROBLEM OF OPIOID ABUSE IN SOUTHERN OREGON3 ENGAGE IN A REGION-WIDE OPIOID PROGRAM TO COORDINATE AND STANDARDIZE THE PROVIDER RESPONSE FOR POTENTIAL ABUSERS4 SERVE AS A MAJOR CORPORATE PARTNER FOR THE SOUTHERN OREGON METH PROJECT, A PUBLIC AWARENESS/EDUCATION CAMPAIGN SPONSORED BY KOBI NBC-53 ACCESS TO HEALTHCARE 1 BUILD A GROUP OF 60 TO 80 EMPLOYED PRIMARY CARE PHYSICIANS BY THE YEAR 2016 THROUGH ASANTE PHYSICIAN PARTNERS, MANY OF THESE PROVIDERS WILL OFFER AFTER-HOURS AND WEEKEND WALK-IN CLINICS2 PROVIDE ACCESS TO URGENT CARE IN GRANTS PASS IN THE ASANTE CENTER FOR OUTPATIENT HEALTH ON THE CAMPUS OF ASANTE THREE RIVERS MEDICAL CENTER BEGINNING AUGUST OF 20144 HEALTH EDUCATION 1 PROVIDE FOUR NO-COST COMMUNITY HEALTH EDUCATION PRESENTATIONS EACH YEAR TO BE HELD IN MEDFORD, ASHLAND, AND GRANTS PASS2 OFFER COMMUNITY COOKING AND NUTRITION CLASSES IN GRANTS PASS AT THE DEMONSTRATION KITCHEN LOCATED IN THE ASANTE CENTER FOR OUTPATIENT HEALTH ON THE CAMPUS OF ASANTE THREE RIVERS MEDICAL CENTER BEGINNING AUGUST 20143 DEVELOP A PATIENT CENTERED MEDICAL HOME MODEL IN WHICH PATIENT EDUCATION AND ENGAGEMENT IN THEIR HEALTHCARE IS A CRITICAL SUCCESS FACTOR5 OBESITY 1 CONTINUE OUR PARTNERSHIP WITH OREGON SURGICAL SPECIALISTS TO PROVIDE WEIGHT LOSS SURGERY AT THE SOUTHERN OREGON BARIATRIC CENTER, INCLUDING MAKING IT AVAILABLE FOR ALL 10,000 LIVES COVERED BY ASANTE'S HEALTHCARE COVERAGE PLAN2 INCORPORATE NUTRITION AND WEIGHT MANAGEMENT INFORMATION IN COMMUNITY HEALTH EDUCATION PRESENTATIONS WHEN APPROPRIATE

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
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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
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 16I PARTIAL INFORMATION, BUT NOT THE ENTIRE POLICY, ABOUT APPLYING FOR FINANCIAL AID IS PRINTED ON THE PATIENT'S BILLING STATEMENT THE ENTIRE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE ASANTE WEBSITE AT WWW.ASANTE.ORG THE ENTIRE POLICY IS ALSO ON POSTERS IN THE PATIENT REGISTRATION DEPARTMENT IF A PATIENT WISHES TO APPLY FOR FINANCIAL AID, THEY ARE DIRECTED TO CALL THE HOSPITAL FOR A FINANCIAL ASSISTANCE APPLICATION

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

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 18D ROGUE REGIONAL MEDICAL CENTER'S "POLICY" IS TO ALLOW THIRD PARTIES TO PERFORM LAWSUITS, PLACE LIENS ON RESIDENCES, AND GARNISH WAGES, BUT ONLY AS A FINAL RESORT HOWEVER, THE ASANTE BUSINESS OFFICE IS AUTHORIZED TO PLACE A VOLUNTARY LIEN ON A PATIENTS RESIDENCE ON CERTAIN RARE CIRCUMSTANCES THE PATIENT MUST APPROVE THE VOLUNTARY LIEN FIRST

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
THREE RIVERS MEDICAL CENTER	PART V, SECTION B, LINE 18D THREE RIVERS MEDICAL CENTER'S "POLICY" IS TO ALLOW THIRD PARTIES TO PERFORM LAWSUITS, PLACE LIENS ON RESIDENCES, AND GARNISH WAGES, BUT ONLY AS A FINAL RESORT HOWEVER, THE ASANTE BUSINESS OFFICE IS AUTHORIZED TO PLACE A VOLUNTARY LIEN ON A PATIENTS RESIDENCE ON CERTAIN RARE CIRCUMSTANCES THE PATIENT MUST APPROVE THE VOLUNTARY LIEN FIRST

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

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Form and Line Reference	Explanation
ROGUE REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 22D THE DISCOUNT ROGUE REGIONAL MEDICAL CENTER OFFERS IS BASED ON A SLIDING FEE SCHEDULE DETERMINED BY AN EMERGENCY PATIENT'S LEVEL OF INCOME A DISCOUNT OF UP TO 100% IS POSSIBLE IF THE PHYSICIAN DETERMINES THAT A PROCEDURE IS "MEDICALLY NECESSARY"

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
THREE RIVERS MEDICAL CENTER	PART V, SECTION B, LINE 22D THE DISCOUNT THREE RIVERS MEDICAL CENTER OFFERS IS BASED ON A SLIDING FEE SCHEDULE DETERMINED BY AN EMERGENCY PATIENT'S LEVEL OF INCOME A DISCOUNT OF UP TO 100% IS POSSIBLE IF THE PHYSICIAN DETERMINES THAT A PROCEDURE IS "MEDICALLY NECESSARY"

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 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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
ROGUE REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

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

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Form and Line Reference	Explanation
ROGUE REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

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

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Form and Line Reference	Explanation
ROGUE REGIONAL MEDICAL CENTER PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

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
THREE RIVERS MEDICAL CENTER PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

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

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Form and Line Reference	Explanation
THREE RIVERS MEDICAL CENTER PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

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

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Form and Line Reference	Explanation
THREE RIVERS MEDICAL CENTER PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW.ASANTE.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE/

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASANTE

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

93-0223960

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
(1) MEDFORD CHAMBER OF COMMERCE 101 E 8TH STREET MEDFORD,OR 97501	93-0197580	501(C)(3)	18,315		CASH		SUPPORT LOCAL CHAMBER OF COMMERCE
(2) HEARTS AND VINES PO BOX 1441 MEDFORD,OR 97501		501(C)(3)	5,000		CASH		SUPPORT LOCAL NON-PROFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 2

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
(1) SENIOR VAN TRANSPORTATION		29,478		COST	FREE VAN RIDES TO MED APPTS

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	ONCE AN APPLICANT HAS BEEN APPROVED FOR GRANT FUNDS, THE GRANT AGREEMENT SPECIFIES THAT ALL GRANT MONIES ARE TO BE SPENT FOR ONLY THE PURPOSE SPELLED OUT IN THE APPLICATION THE COUNTY CONNECTIONS COMMITTEE MUST KNOW WHERE THE DONATED MONEY WILL BE ALLOCATED, AND IF A FUNDRAISING EVENT, HOW THE RAISED MONEY WILL BE ALLOCATED USUALLY, A DETAILED BUDGET OF THE GRANTEE'S CURRENT YEAR IS REQUIRED, AS WELL AS ANY REPORTS OR MINUTES FROM PREVIOUS EVENTS
SCHEDULE I, PART I, LINE 2	WHEN ASANTE RECEIVES A REQUEST FOR GRANT FUNDS FROM AN OUTSIDE ORGANIZATION, THE REQUEST IS REVIEWED BY EITHER THE JACKSON COUNTY OR JOSEPHINE COUNTY COMMUNITY CONNECTIONS COMMITTEE THE APPLICANT MUST FILL OUT AN APPLICATION FORM AND PROVIDE SUPPORTING DOCUMENTS OR EVENT MATERIALS TO BE SELECTED, THE ORGANIZATION MUST MEET THE FOLLOWING CRITERIA 1)THE GRANT MUST SUPPORT STRATEGIC INITIATIVES, 2)IT MUST HAVE A DIRECT IMPACT ON THE HEALTHCARE OF THE COMMUNITY, 3)THE ORGANIZATION MUST BE A NOT-FOR-PROFIT HEALTH, HUMAN SERVICES, OR EDUCATION RELATED ORGANIZATION, 4)THE ORGANIZATION COLLABORATES WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS AND, 5)THE GRANT MUST BE A RELATION BUILDING OPPORTUNITY

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
ASANTE

Employer identification number
93-0223960

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
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		
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 checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input 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
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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	Yes	
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, LINES 4A-B	ASANTE HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR ROY VINYARD, THE ASANTE CEO THIS PLAN STATES HE IS TO RECEIVE FIXED PAYMENTS AT PRE-DETERMINED INTERVAL FROM ASANTE IF HE IS EMPLOYED BY ASANTE AS CEO AT THE TIME OF VESTING MR VINYARD HAS THE AUTHORITY TO DIRECT HOW HIS PLAN ASSETS ARE TO BE INVESTED IF MR VINYARD IS NOT EMPLOYED AS CEO BY ASANTE FOR ANY REASON PRIOR TO VESTING, HE WILL NOT HAVE CLAIM TO THE FUNDS FOR THE FISCAL YEAR ENDED SEPT 30, 2015, THERE WAS \$263,250 CONTRIBUTED TO MR VINYARD'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THIS AMOUNT IS NOT INCLUDED IN HIS REPORTED COMPENSATION UNTIL PAID OUT ASANTE HAS AN EXECUTIVE RESTORATION PLAN WHICH INCLUDES ASANTE CFO PATRICK HOCKING AND ASANTE CEO ROY VINYARD THIS PLAN STATES FIXED PAYMENTS WILL BE RECEIVED AT PRE-DETERMINED INTERVALS FROM ASANTE IF STILL EMPLOYED BY ASANTE IN THEIR CURRENT ROLL AT THE TIME OF VESTING IF EMPLOYMENT TERMINATES BY ASANTE FOR ANY REASON PRIOR TO VESTING, THEY WILL NOT HAVE CLAIM TO THE FUNDS FOR THE FISCAL YEAR ENDED SEPT 30, 2015, THERE WAS \$10, 306 CONTRIBUTED FOR MR HOCKING AND \$42,913 CONTRIBUTED FOR MR VINYARD THESE AMOUNTS WERE INCLUDED IN DEFERRED COMPENSATION REPORTED IN PART II
PART I, LINE 7	TWO OF THE FIVE HIGHEST PAID NON-EXECUTIVE EMPLOYEES, MOSTLY CARDIAC SURGEONS, ARE PAID A BASE SALARY AND THEN RECEIVE PRODUCTIVITY COMPENSATION BASED ON RELATIVE VALUE UNITS (RVU'S) EACH RVU IS \$40 TOTAL COMPENSATION IS DETERMINED BY MULTIPLYING THE RVU'S BY \$40

Additional Data

Software ID:
Software Version:
EIN: 93-0223960
Name: ASANTE

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				
ROY VINYARD, PRESIDENT & CEO	(i) (ii)639,165 0	358,988 0	262,563 0	306,163 0	44,115 0	1,610,994 0	0 0
SCOTT KELLY, RRM C CEO	(i) (ii)352,633 0	73,714 0	153,787 0	184,359 0	29,215 0	793,708 0	0 0
WIN HOWARD, TRMC CEO	(i) (ii)271,361 0	53,071 0	103,931 0	146,570 0	42,915 0	617,848 0	0 0
PATRICK HOCKING, CFO	(i) (ii)321,039 0	60,531 0	63,241 0	100,176 0	43,649 0	588,636 0	0 0
GREG EDWARDS, PEOPLE OFFICER	(i) (ii)234,847 0	54,898 0	62,032 0	103,975 0	40,817 0	496,569 0	0 0
MARK HETZ, CH INFO OFFICER	(i) (ii)257,558 0	62,105 0	98,808 0	136,430 0	24,435 0	579,336 0	0 0
ROBERT THOMPSON, FORMER QUALITY OFFICER	(i) (ii)129,246 0	61,785 0	34,365 0	57,121 0	19,689 0	302,206 0	0 0
JAMES GIESEN, MEDICAL DOCTOR	(i) (ii)355,678 0	15,524 0	0 0	38,600 0	43,783 0	453,585 0	0 0
MICHAEL MCCASKILL, MEDICAL DOCTOR	(i) (ii)378,489 0	29,376 0	0 0	38,600 0	39,329 0	485,794 0	0 0
JAMES GREBOSKY, MEDICAL DOCTOR	(i) (ii)312,413 0	43,844 0	33,539 0	89,639 0	42,555 0	521,990 0	0 0
JENNIFER HALL, MEDICAL DOCTOR	(i) (ii)354,285 0	29,513 0	0 0	33,100 0	39,833 0	456,731 0	0 0
KENNETH LINDSEY, MEDICAL DOCTOR	(i) (ii)277,529 0	33,530 0	46,792 0	81,700 0	36,349 0	475,900 0	0 0

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
ASANTE

Employer identification number
93-0223960

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 HOSP AUTH OF MEDFORD OR	52-1378932	584283FL4	02-17-2010	239,059,650	FINANCE HOSPITAL EXPANSION		X		X		X
B STATE OF OREGON	93-6001787	NONEAVAIL	12-29-2011	30,000,000	FINANCE ELEC MED REC SOFTWARE		X		X		X

Part II

Proceeds

				A	B	C	D
1	Amount of bonds retired			18,465,000	15,568,690		
2	Amount of bonds legally defeased						
3	Total proceeds of issue			239,059,650	30,000,000		
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds						
6	Proceeds in refunding escrows						
7	Issuance costs from proceeds			3,511,327	192,035		
8	Credit enhancement from proceeds			2,680,107			
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds			31,041,115	29,807,965		
11	Other spent proceeds			201,827,101			
12	Other unspent proceeds						
13	Year of substantial completion			2011		2013	
				Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X	
15	Were the bonds issued as part of an advance refunding issue?				X	X	
16	Has the final allocation of proceeds been made?			X	X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X	X		

Part III

Private Business Use

				A	B	C	D
				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	
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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				
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		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?	X		X					
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	0 250 %		0 100 %					
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								
6	Total of lines 4 and 5	0 250 %		0 100 %					
7	Does the bond issue meet the private security or payment test?		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X		X				
c	No rebate due?	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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148?	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					

Part VI

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

Return Reference	Explanation
PART IV 2C	ARBITRAGE REBATE CLACULATION PERFORMED BY BLX ON FEB 20, 2015 NO REBATE LIABILITY DUE

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
ASANTE**Employer identification number**

93-0223960

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>POLICY SUMMARY THE FEDERAL FORMS 990 AND 990-T ARE FEDERALLY MANDATED LEGAL DOCUMENTS THAT ARE HIGHLY REGULATED WITHIN ASANTE, THEY ARE TO BE PREPARED BY PERSONNEL IN THE ACCOUNTING DEPARTMENT ADDITIONAL ASSISTANCE WILL BE PROVIDED BY PERSONNEL IN THE MARKETING, COMPLIANCE, AND EXECUTIVE DEPARTMENTS BEFORE FINAL SUBMISSION OF THE DOCUMENTS, THEY ARE TO HAVE ASANTE BOARD REVIEW POLICY DETAILS 1 WHEN FINAL AUDITED FINANCIAL INFORMATION IS AVAILABLE, ACCOUNTING PERSONNEL WILL COMPILE THE NEEDED INFORMATION TO PREPARE THE APPROPRIATE RETURNS FOR THE PRIOR FISCAL YEAR 2 AS NEEDED, ACCOUNTING WILL FILE ALL APPROPRIATE EXTENSIONS ON A TIMELY BASIS HOWEVER, THE FINAL SUBMISSION CAN NEVER BE EXTENDED PAST AUGUST 15TH OF THE YEAR FOLLOWING THE FISCAL YEAR BEING FILED 3 IN ADDITION TO NORMAL PREPARATION, ACCOUNTING PERSONNEL WILL COORDINATE WITH PERSONNEL IN MARKETING, COMPLIANCE, AND POSSIBLY THE EXECUTIVE DEPARTMENTS IN PREPARING THE VARIOUS SCHEDULES NEEDED TO COMPLETE THE RETURN ALL WORK PAPERS ARE TO BE RETAINED IN A PERMANENT FILE 4 WHEN ALL NECESSARY INFORMATION HAS BEEN COMPILED, IT IS TO BE LOADED INTO APPROPRIATE TAX SOFTWARE 5 WHEN COMPLETED, A DRAFT RETURN WILL BE REVIEWED BY THE CHIEF ADMINISTRATIVE AND FINANCE OFFICER AFTER THE REVIEW, ACCOUNTING WILL CLEAR ALL REVIEW NOTES AND COMMENTS 6 ONCE REVIEWED BY THE CAFO, AN ADDITIONAL REVIEW WILL BE PERFORMED BY AN OUTSIDE CPA FIRM ACCOUNTING WILL AGAIN CLEAR ANY ADDITIONAL REVIEW NOTES AND COMMENTS SUBMITTED BY THE OUTSIDE CPA 7 THE CHIEF EXECUTIVE OFFICER AND MEMBERS OF THE BOARD OF DIRECTORS WILL LOOK OVER THE FINAL SET OF RETURNS AND MAKE FURTHER COMMENTS AND CORRECTIONS, AS IS APPROPRIATE 8 ONCE ALL REVIEWS AND CORRECTIONS ARE MADE, THE CAFO WILL SIGN ALL APPROPRIATE RETURNS FOR FILING 9 ALL RETURNS WILL THEN BE FILED EITHER ELECTRONICALLY OR PAPER COPY WITH THE APPROPRIATE GOVERNMENT AGENCY A COPY OF EACH RETURN IS TO BE KEPT IN THE ACCOUNTING DEPARTMENT AND A COPY OF THE 990 AND 990-T WILL BE KEPT AT CORPORATE HEADQUARTERS FOR PUBLIC DISPLAY AND COPYING, AS REQUESTED</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, ASANTE MAILS TO ALL ASANTE MANAGEMENT, KEY EMPLOYEES, AND BOARD MEMBERS A CONFLICT OF INTEREST QUESTIONNAIRE TO COMPLY WITH ASANTE'S CONFLICT OF INTEREST POLICY# 400-LD-034 AND 036 THE PURPOSE OF THE POLICY IS TO PROTECT ASANTE'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A BOARD MEMBER OR OFFICER OF THE CORPORATION IN ADDITION, ALL ASANTE EMPLOYEES HAVE AN OBLIGATION TO DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS TO THEIR SUPERVISOR THE CORPORATE COMPLIANCE OFFICER IS RESPONSIBLE FOR ADMINISTERING, MONITORING, AND INVESTIGATING ANY POSSIBLE CONFLICTS AND MAKE AN ANNUAL REPORT TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES. THE REVIEW COMPARES THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES WITH COMPENSATION DATA FOR JOB INCUMBENTS IN COMPARABLE POSITIONS AT OTHER HEALTHCARE ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. THE DATA IS PROVIDED AND PRESENTED TO THE COMPENSATION COMMITTEE BY AN OUTSIDE CONSULTANT. THE COMPENSATION COMMITTEE SETS THE ACTUAL ANNUAL CASH COMPENSATION FOR THE CEO AND SALARY RANGES FOR THE OTHER KEY EMPLOYEES. THE COMMITTEE ALSO SETS TOTAL COMPENSATION OPPORTUNITY FOR THE CEO AND EACH OF THE KEY EMPLOYEES, CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY. MINUTES OF THE COMMITTEE DELIBERATIONS AND DECISIONS ARE RECORDED AND MAINTAINED. THE MOST RECENT EXECUTIVE COMPENSATION REVIEW WAS COMPLETED IN 2012.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CURRENTLY, ASANTE DOES NOT MAKE AVAILABLE TO THE GENERAL PUBLIC COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR ITS FINANCIAL STATEMENTS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACCUMULATED EARNINGS ADJUSTMENT -571,870 DONATED CAPITAL 869,391 EQUITY TRANSFERS TO AFFILIATES -25,912,055

SCHEDULE R
(Form 990)

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
ASANTE

Employer identification number
93-0223960

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) ASANTE COMMUNITY SERVICES LLC 731 BLACK OAK DRIVE MEDFORD, OR 97504 57-1181175	MEDICAL BILLING	OR	166,081	181,122	ASANTE
(2) ASANTE THREE RIVERS MEDICAL CENTER LLC 731 BLACK OAK DRIVE MEDFORD, OR 97504 57-1181758	MEDICAL BILLING	OR	15,500,861	53,212,941	ASANTE

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
(1) ASANTE FOUNDATION 2650 SISKIYOU BLVD MEDFORD, OR 97504 93-6087366	FUNDRAISING	OR	501(C)(3)	LINE 11A, I	ASANTE	Yes	
(2) SOUTHERN OREGON INSURANCE COMPANY 745 FORT STREET SUITE 800 HONOLULU, HI 96813 20-1578637	CAPTIVE INSURANCE	HI	501(C)(3)	LINE 11A, I	ASANTE	Yes	
(3) ASANTE PHYSICIAN PARTNERS 2650 SISKIYOU BLVD MEDFORD, OR 97504 38-3849354	PHYSICIAN GROUP	OR	501(C)(3)	LINE 3	ASANTE	Yes	
(4) ASANTE ASHLAND COMMUNITY HOSPITAL 2650 SISKIYOU BLVD MEDFORD, OR 97504 93-1213059	HOSPITAL	OR	501(C)(3)	LINE 3	ASANTE	Yes	

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) Disproporionate 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	

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

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

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of 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	

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 93-0223960

Name: ASANTE

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
ASANTE FOUNDATION	C	1,238,973	CASH
ASANTE FOUNDATION	O	780,990	CASH
SOUTHERN OREGON INSURANCE COMPANY	O	103,320	CASH
SOUTHERN OREGON INSURANCE COMPANY	Q	3,768,803	CASH
ASANTE PHYSICIAN PARTNERS	B	23,959,323	EQUITY TRANSFER
ASANTE ASHLAND COMMUNITY HOSPITAL	P	257,602	CASH
ASANTE ASHLAND COMMUNITY HOSPITAL	D	7,407,259	LOAN GUARANTEE
ASANTE ASHLAND COMMUNITY HOSPITAL	O	18,540,761	CASH