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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CareOregon Inc
% Teresa Kennedy Learn CFO
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
315 SW 5TH AVE

City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97204

D Employer identification number
93-0933975

E Telephone number
(503) 416-4100

G Gross receipts $ 1,278,190,830

F Name and address of principal officer:
Eric Hunter
315 SW 5TH AVE
PORTLAND, OR 97204

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CAREOREGON.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994

M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CAREOREGON IS A NON-PROFIT HEALTH PLAN WHOSE MISSION IS CULTIVATING INDIVIDUAL WELL-BEING AND COMMUNITY HEALTH THROUGH PARTNERSHIPS, SHARED LEARNING AND INNOVATION.

2 Check this box ▶ ☐ 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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,063
6	Total number of volunteers (estimate if necessary)	**6**	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,844,331
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	287,784	254,954
9	Program service revenue (Part VIII, line 2g)	1,114,298,304	1,214,507,412
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,848,863	8,631,078
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,279,512	17,224,732
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,147,714,463	1,240,618,176
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,118,814	1,936,060
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)	90,068,023	91,346,469
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)	1,003,887,764	1,082,922,735
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,097,074,601	1,176,205,264
19	Revenue less expenses. Subtract line 18 from line 12	50,639,862	64,412,912

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	427,700,632	490,449,468
21	Total liabilities (Part X, line 26)	175,433,882	161,249,838
22	Net assets or fund balances. Subtract line 21 from line 20	252,266,750	329,199,630

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

****** 2020-11-06
Signature of officer Date

TERESA KENNEDY LEARN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-05		P01490170

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1918 Eighth Avenue Suite 2900
Seattle, WA 98101 — Phone no. (206) 913-4000

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:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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: See Additional Data) (Expenses $ 1,079,689,173 including grants of $) (Revenue $ 1,184,311,503)

4b (Code: See Additional Data) (Expenses $ 18,054,524 including grants of $) (Revenue $ 19,049,687)

4c (Code: See Additional Data) (Expenses $ 1,936,060 including grants of $ 1,936,060) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ 15,181,207 including grants of $) (Revenue $ 11,146,222)

4e **Total program service expenses ▶** 1,114,860,964

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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or 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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	1a	2,301		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,063		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	**1a**	14		
	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	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Teresa Kennedy Learn CFO 315 SW 5th Avenue Portland, OR 97204 (503) 416-1415

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.

See instructions for the order in which to list the persons above.

☐ 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	3,697,970	0	390,184

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 ▶ 162

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
RDA PROJECT MANAGEMENT, PO BOX 1417 ASTORIA, OR 97103	GENERAL CONTRACTORS	942,168
RED CARD SYSTEMS LLC, 744 OFFICE PARKWAY SAINT LOUIS, MO 63141	CLAIMS PROCESSING	414,679
GIFTANGO LLC, 111 SW 5TH AVE STE 900 PORTLAND, OR 97204	ADMIN & HEALTH MGMT	300,000
ATERWYNNE LLP, 1331 NW LOVEJOY STE 900 PORTLAND, OR 97209	LEGAL SERVICES	290,422
KPMG LLP, PO BOX 120922 DEPT 0922 DALLAS, TX 75312	AUDIT & TAX SERVICES	274,333

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	0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	254,954			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		254,954			
Program Service Revenue		Business Code				
	2a Premium Revenue	524114	1,184,311,503	1,184,311,503		
	b Management Fee	541611	21,343,927	19,836,508	1,507,419	
	c Patient Revenue	621610	7,055,306	7,055,306		
	d TRAINING & CONSULTING REVENUE	611430	526,634	119,359	407,275	
	e ALL OTHER PROGRAM SERVICE REVENUE	900099	1,270,042	1,247,073	22,969	
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.		1,214,507,412			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,301,767			8,301,767
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a 416,659				
	b Less: rental expenses	6b 139,582				
	c Rental income or (loss)	6c 277,077	0			
	d Net rental income or (loss)		277,077			277,077
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 37,762,383				
	b Less: cost or other basis and sales expenses	7b 37,394,406	38,666			
	c Gain or (loss)	7c 367,977	-38,666			
	d Net gain or (loss)		329,311			329,311
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a 0				
	b Less: direct expenses	8b 0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a 0				
	b Less: direct expenses	9b 0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	10a 0				
	b Less: cost of goods sold	10b 0				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a Employee Lease Revenue	541511	16,947,655	7,040,987	9,906,668	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		16,947,655			
	12 **Total revenue.** See instructions		1,240,618,176	1,219,610,736	11,844,331	8,908,155

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,936,060	1,936,060		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,248,547	971,587	1,276,960	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	48,837,365	32,073,452	16,763,913	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,261,194	3,348,608	1,912,586	
9 Other employee benefits	23,734,594	15,979,641	7,754,953	
10 Payroll taxes	11,264,769	7,103,140	4,161,629	
11 Fees for services (non-employees):				
a Management	0			
b Legal	445,995		445,995	
c Accounting	280,208		280,208	
d Lobbying	224,312		224,312	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	410,571		410,571	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,249,619	3,996,648	5,252,971	
12 Advertising and promotion	632,691	574,180	58,511	
13 Office expenses	1,947,315	968,615	978,700	
14 Information technology	7,696,511	148,205	7,548,306	
15 Royalties	0			
16 Occupancy	1,716,768	11,111	1,705,657	
17 Travel	631,197	441,278	189,919	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	445,393	137,242	308,151	
20 Interest	-46,807		-46,807	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,552,468		3,552,468	
23 Insurance	210,763		210,763	
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 Physical healthcare expense	959,368,318	959,368,318		
b MENTAL HEALTHCARE EXPENSE	46,319,077	46,319,077		
c DENTAL HEALTHCARE EXPENSE	39,294,179	39,294,179		
d All other expenses	10,544,157	2,189,623	8,354,534	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,176,205,264	1,114,860,964	61,344,300	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		31,157	1	3,438
	2	Savings and temporary cash investments		78,938,759	2	96,501,190
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		20,948,538	4	13,423,179
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		926,227	7	0
	8	Inventories for sale or use		6,041	8	6,514
	9	Prepaid expenses and deferred charges		5,216,083	9	4,419,548
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,801,277			
	b	Less: accumulated depreciation	10b 29,973,353	19,339,711	10c	17,827,924
	11	Investments—publicly traded securities		264,626,481	11	331,450,884
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		37,667,635	15	26,816,791
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		427,700,632	16	490,449,468
Liabilities	17	Accounts payable and accrued expenses		21,057,303	17	27,281,011
	18	Grants payable		0	18	177
	19	Deferred revenue		242,524	19	210,315
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		154,134,055	25	133,758,335
	26	**Total liabilities.** Add lines 17 through 25		175,433,882	26	161,249,838
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		252,237,842	27	329,075,686
	28	Net assets with donor restrictions		28,908	28	123,944
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		252,266,750	32	329,199,630
	33	Total liabilities and net assets/fund balances		427,700,632	33	490,449,468

Part XI Reconcilliation 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	1,240,618,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,176,205,264
3	Revenue less expenses. Subtract line 2 from line 1	3	64,412,912
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,266,750
5	Net unrealized gains (losses) on investments	5	18,019,968
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	-5,500,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	329,199,630

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? 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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 93-0933975

Name: CareOregon Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

OHP Program - SEE SCHEDULE O FOR DESCRIPTION

Form 990, Part III, Line 4b:

Medicare Plan - SEE SCHEDULE O FOR DESCRIPTION

Form 990, Part III, Line 4c:

Charitable Contributions - SEE SCHEDULE O FOR DESCRIPTION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC C HUNTER CEO, PRESIDENT & BOARD OF DIRE	32.24 7.76	X		X				552,705	0	30,385
AMIT R SHAH CHIEF MEDICAL OFFICER	30.36 9.64			X				413,470	0	23,692
DOUGLAS R LUTHER SR. MED DIRECTOR, OPERATIONS	31.6 8.4					X		348,488	0	21,532
TERESA K LEARN CFO, BOARD TREASURER	30.92 9.08			X				317,446	0	34,404
WILLIAM J KENNEDY SR. MED DIRECTOR, ADV ILLNESS	21.88 18.12					X		300,061	0	47,313
REBECCA RAMSAY VP, HOUSECALL PROVIDERS	21.2 18.8				X			255,983	0	49,660
ERIN D FAIR CLO, BOARD SECRETARY	32.32 7.68			X				272,611	0	30,174
ALYSSA FRANZEN VICE PRESIDENT, DENTAL	37.04 2.96					X		258,322	0	32,267
CARL D STEVENS MEDICAL DIRECTOR	40.0 0.0					X		249,072	0	37,403
SAFINA KOREISHI MEDICAL DIRECTOR	40.0 0.0					X		247,674	0	27,679

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHAN CORLEY VP, INFO SVCS & ANALYTICS	31.62 8.38				X			241,338	0	28,458
AMY L DOWD CHIEF OPERATIONS OFFICER	32.88 7.12			X				240,800	0	27,217
GLENN S RODRIQUEZ BOARD CHAIRMAN	4.0 1.25	X		X				0	0	0
SUSAN M HENNESSY BOARD VICE CHAIRMAN	4.0 1.25	X		X				0	0	0
VICKIE S GATES BOARD OF DIRECTOR (RETIRED)	4.0 1.25	X						0	0	0
BETH A DEHAMEL BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
JOANNE FULLER BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
DAMIEN R HALL BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
BRENDA I JOHNSON BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
NATHALIE JOHNSON BOARD OF DIRECTOR	4.0 1.25	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HYOSUK RHEE BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
ROBERT C STEWART BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
TAEKYUNG HAN BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
GINA F NIKKEL BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
WOODRUFF J ENGLISH II BOARD OF DIRECTOR	4.0 1.25	X						0	0	0
KATHLEEN G JONES BOARD OF DIRECTOR	4.0 1.25	X						0	0	0

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	1,144,558	339,602	474,102	287,784	254,954	2,501,000
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	918,922,129	862,474,890	816,414,092	1,106,930,891	1,212,569,748	4,917,311,750
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	920,066,687	862,814,492	816,888,194	1,107,218,675	1,212,824,702	4,919,812,750
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						4,919,812,750

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	920,066,687	862,814,492	816,888,194	1,107,218,675	1,212,824,702	4,919,812,750
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	6,384,386	6,830,965	7,332,802	7,203,622	8,718,426	36,470,201
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	6,384,386	6,830,965	7,332,802	7,203,622	8,718,426	36,470,201
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.				865,461	246,730	1,112,191
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	926,451,073	869,645,457	824,220,996	1,115,287,758	1,221,789,858	4,957,395,142

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.242 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.269 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0.736 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.713 %

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

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.*	**1**		
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.*	**2**		

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).*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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).*	**2**		
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.*	**3**		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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.*	**2a**		
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.*	**2b**		

3 Parent of Supported Organizations. **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.***	**3a**		
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.*	**3b**		

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 (explain in Part VI). **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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 93-0933975

Name: CareOregon Inc

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317058010

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
CareOregon Inc	93-0933975

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-.
1					
2					
3					
4					
5					
6					

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)	33,513	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	407,767	
c Total lobbying expenditures (add lines 1a and 1b)	441,280	
d Other exempt purpose expenditures	1,175,763,984	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,176,205,264	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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)	250,000	
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? ☐ **Yes** ☐ **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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	92,888	266,623	180,750	441,280	981,541
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		18,676	22,897	33,513	75,086

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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-A, Line 1	CareOregon participates in lobbying activities that include testifying at public policy hearings, and meeting with legislators to discuss Oregon Health Plan related issues. CareOregon does not participate in or contribute to political candidate campaigns or political parties.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on 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:

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

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" on 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		2,704,520		2,704,520
b Buildings		22,683,736	11,184,738	11,498,998
c Leasehold improvements		161,083	161,083	0
d Equipment		5,361,929	4,630,372	731,557
e Other		16,890,009	13,997,160	2,892,849
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				17,827,924

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)FEDERAL INCOME TAXES	109,000
(2)INTERCOMPANY RECEIVABLE	3,281,912
(3)RISK CORRIDOR RECEIVABLE	5,221,792
(4)PAY FOR PERF CCO INCENTIVES	17,900,000
(5)DEPOSITS AND OTHER ASSETS	304,087
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	26,816,791

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	133,758,335

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 93-0933975
Name: CareOregon Inc

Supplemental Information

Return Reference	Explanation
Form Sch D Part X Line 2	THE INTERNAL REVENUE SERVICE (IRS) HAS RECOGNIZED CAREOREGON AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THE WHOLLLY-OWNED SUBIDIARY, HEALTH PLAN OF CAREOREGON (HEALTH PLAN), IS ALSO A 501 (C) (3) TAX-EXEMPT NONPROFIT ENTITY. HEALTH PLAN IS A MEDICARE ADVANTAGE PLAN REPORTED ON A SEPARATE FORM 990. HEALTH PLAN HAS HELD THIS STATUS SINCE DECEMBER 31, 2016. THE WHOLLY-OWNED SUBSIDIARIES, CARE ACCESS, LLC; COLUMBIA PACIFIC CCO,LLC; JACKSON CARE CONNECT CCO, LLC; HOUSECALL PROVIDERS SERVICES, LLC, ARE SINGLE-MEMBER LIMITED LIABILITY CORPORATIONS, WORKING TO FURTHER CAREOREGON'S EXEMPT PURPOSE. ALL OF THESE LLCS ARE TREATED AS DISREGARDED ENTITIES FOR FEDERAL TAX PURPOSES AND ARE REPORTED WITH THE PARENT'S FINANCIAL RESULTS ON ITS FORM 990. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN INTEREST EXPENSE AND OTHER ADMINISTRATIVE EXPENSES, RESPECTIVELY. HOUSECALL PROVIDERS, PC - ORGANIZED IN APRIL 2017 AS A PROFESSIONAL CORPORATION, HOUSECALL PROVIDERS, PC (HCP PC) IS 51% OWNED BY THE ORGANIZATION'S CHIEF MEDICAL OFFICER AND 49% OWNED BY THE PARENT. EFFECTIVE MAY 31, 2017, THROUGH AN ASSET TRANSFER AGREEMENT,CERTAIN ASSETS AND LIABILITIES OF HOUSECALL PROVIDERS, INC. RELATED TO HOME-BASED PRIMARY CARE SERVICES WERE TRANSFERRED TO HCP PC WHICH PROVIDES MEDICAL CARE, INTEGRATING PRIMARY AND PALLIATIVE SERVICES FOR HOMEBOUND MEMBERS AND PROVIDES CERTAIN PROVIDER SERVICES TO HCP LLC AND THE ORGANIZATION. THE ASSETS TRANSFERRED WERE PRIMARILY NET RECEIVABLES, WHICH EXCEEDED THE LIABILITIES. THE EXCESS OF $1,149,778 WAS RECORDED AS CONTRIBUTIONS RECEIVED. ALTHOUGH THE PARENT OWNS THE MINORITY INTEREST OF HCP PC, THEY RETAIN ULTIMATE CONTROL. UPON THE DISSOLUTION OF HCP PC, ITS NET ASSETS WOULD BE DISTRIBUTED TO THE PARENT. FOR PURPOSE OF FINANCIAL REPORTING, HCP PC IS CONSOLIDATED AS A WHOLLY OWNED SUBSIDIARY. HCP PC APPLIED FOR ITS EXEMPTION STATUS FROM FEDERAL INCOME TAX EFFECTIVE MAY 31,2017. HOUSECALL PROVIDERS, PC WILL FILE A SEPARATE FORM 990.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 28

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	Grants and other assistance are provided to organizations in our service area who demonstrate a financial need in regard to improving the delivery of health services in line with our exempt purpose and mission. CareOregon considers each case to verify that the need is documented, legitimate and substantial in nature. Following disbursement of funds, follow-up contact is performed, either verbally or in writing, to verify the appropriate use of the funds, to the extent possible.

Additional Data

Software ID:
Software Version:
EIN: 93-0933975
Name: CareOregon Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Asian Health and Service Center 9035 SE Foster Rd Portland, OR 97266	93-1192100	501(c)(3)	11,000				AHSC 36TH ANNUAL CONFERENCE
Basic Rights Oregon PO Box 40625 Portland, OR 97240	93-1266613	501(c)(3)	5,500				Ignite Gala and Fundraiser

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Catholic Charities 2740 SE Powell Blvd Portland, OR 97202	93-0386801	501(c)(3)	7,500				Celebration of Hope event
Central City Concern 232 NW Sixth Avenue Portland, OR 97209	93-0728816	501(c)(3)	389,994				Housing is Healthcare Projects

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Clackamas Women's Services 256 Warner Milne Rd Oregon City, OR 97045	93-0900119	501(c)(3)	10,000				Expansion of Camp HOPE Oregon
Elevate Oregon 12215 NE Marx St Portland, OR 97230	27-2151955	501(c)(3)	20,000				In school mentoring for at risk kids

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Girl Scouts of Oregon and SW Washington 9620 SE Barbur Blvd Portland, OR 97219	93-0399051	501(c)(3)	25,000				Girl Scouts Beyond Bars
Good in the Hood 4815 NE 7th Portland, OR 97211	46-5165196	501(c)(3)	7,000				Music Festival and Parade

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
IRCOS International Language 10301 NE Glisan St Portland, OR 97220	93-0806295	501(c)(3)	23,750				Housing for Single Individuals
Kids Unlimited of Oregon 821 N Riverside Medford, OR 97501	93-1329922	501(c)(3)	10,000				KidsPasstoPlay

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
La Clinica Del Velle Family Health CTR Inc 3617 S Pacific Highway Medford, OR 97501	94-3096772	501(c)(3)	170,115				Primary Care Investment Fund Program
Multnomah County Health Department 421 SW Oak Street 201 Portland, OR 97204	93-6002309	County	536,025				Funding Project - MCMH Target

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Native American Youth and Family Center 5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501(c)(3)	10,000				NAYA 15TH ANNUAL GALA
Northwest Regional Education Service District 5825 NE Ray Circle Hillsboro, OR 97124	20-5449967	501(c)(3)	25,000				Columbia County Trauman Informed Care Network

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Off The Sideline 2809 SE Clinton St Portland, OR 97202	47-4585067	501(c)(3)	20,000				PROVIDING SPORT SCHOLARSHIPS
Oregon Public Health Institute 411 NE 19th Ave Bldg 1 Portland, OR 97232	93-1259522	501(c)(3)	14,000				Recovery Community Summit and Walk for Recovery

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Portland Industrialization Center 717 N Killingsworth Ct Portland, OR 97217	93-0593858	501(c)(3)	40,000				In School Mental Health Services
Portland Street Medicine 825 NE Multnomah St Portland, OR 97212	82-4209837	501(c)(3)	10,000				Grant for Portland Street Medicine Van

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Rogue Community College 3345 Redwood Hwy Grants Pass, OR 97527	93-0777701	501(c)(3)	40,000				MEDICATION ASSISTED TREATMENT PROGRAM Donation for Health Care Equipment
Rogue Retreat 1410 W 8th St Medford, OR 97501	93-1261999	501(c)(3)	7,500				Laundry and Shower Trailer Maintenance

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Schoolhouse Supplies 4916 NE 122nd Ave Portland, OR 97230	20-4223437	501(c)(3)	10,500				Tools for Schools Backpack Program
Soul District Business Association PO Box 11565 Portland, OR 97211	93-0843715	501(c)(3)	10,000				MLK Dream Run

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Susan G Komen Oregon and SW Washington 1500 SW 1st Ave Ste 370 Portland, OR 97201	93-1068897	501(c)(3)	25,500				African American Inititative
The Lund Report PO Box 82841 Portland, OR 97282	26-3019179	501(c)(3)	15,000				OHF Breakfast Sponsor

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
The Shadow Project 2154 NE Broadway Ste 130 Portland, OR 97232	65-1166066	501(c)(3)	26,000				Wide Social Emotional Learning for Children w/ Disabilities
Tillamook County Habitat for Humanity 4192 Hwy 101 N Tillamook, OR 97141	91-1848416	501(c)(3)	5,500				BUILDING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Trillium Family Services Inc 3415 SE Powell Portland, OR 97202	93-0386966	501(c)(3)	10,000				Black and Gold Gala Event
Virginia Garcia PO Box 568 Cornelius, OR 97113	93-0717997	501(c)(3)	192,556				MCMH Targets and Milestones achieved

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	CareOregon reimbursed health club dues for Eric Hunter, Douglas Luther, William Kennedy, and Safina Koreishi in the amount of $420, $280, $175, and $210 respectively. This reimbursement was included as taxable compensation to these parties.

Additional Data

Software ID:
Software Version:
EIN: 93-0933975
Name: CareOregon Inc

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERIC C HUNTER CEO, PRESIDENT & BOARD OF DIRE	(i)	447,354	104,931	420	17,083	13,302	583,090	
	(ii)							
1AMIT R SHAH CHIEF MEDICAL OFFICER	(i)	345,327	66,943	1,200	19,500	4,192	437,162	
	(ii)							
2DOUGLAS R LUTHER SR. MED DIRECTOR, OPERATIONS	(i)	301,150	45,858	1,480	19,500	2,032	370,020	
	(ii)							
3TERESA K LEARN CFO, BOARD TREASURER	(i)	264,980	52,466	0	18,987	15,417	351,850	
	(ii)							
4WILLIAM J KENNEDY SR. MED DIRECTOR, ADV ILLNESS	(i)	276,259	23,627	175	18,169	29,144	347,374	
	(ii)							
5REBECCA RAMSAY VP, HOUSECALL PROVIDERS	(i)	226,742	29,225	16	18,009	31,651	305,643	
	(ii)							
6ERIN D FAIR CLO, BOARD SECRETARY	(i)	226,496	45,315	800	18,710	11,464	302,785	
	(ii)							
7ALYSSA FRANZEN	(i)							
	(ii)							
8CARL D STEVENS	(i)							
	(ii)							
9SAFINA KOREISHI VICE PRESIDENT, DENTAL	(i)	222,400	35,922	0	17,039	15,228	290,589	
	(ii)							
10NATHAN CORLEY MEDICAL DIRECTOR	(i)	222,224	26,479	369	17,268	20,135	286,475	
	(ii)							
11AMY L DOWD MEDICAL DIRECTOR	(i)	224,015	22,249	1,410	17,059	10,620	275,353	
	(ii)							
12NATHAN CORLEY VP, INFO SVCS & ANALYTICS	(i)	207,818	33,520	0	15,748	12,710	269,796	
	(ii)							
13AMY L DOWD CHIEF OPERATIONS OFFICER	(i)	235,786	0	5,014	11,970	15,247	268,017	
	(ii)							

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

990 Schedule O, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION TO 2019 FORM 990 FOR CAREOREGON, INC.	PART III, LINE 1 TAX-EXEMPT PURPOSE AND MISSION OF CAREOREGON CAREOREGON IS A NONPROFIT HE ALTH PLAN ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATION AND SCIENTIFIC PURP OSES. IT CONTRACTS WITH SEVERAL COORDINATED CARE ORGANIZATIONS (CCOS) AND WITH THE OREGON HEALTH AUTHORITY (OHA) TO MANAGE CARE AND PROVIDE HEALTH CARE SERVICES TO MEDICAID ENROLLE ES. BY LISTENING TO OUR MEMBERS AND EXPLORING INNOVATIVE SOLUTIONS WITH OUR PROVIDERS AND COMMUNITIES, WE HELP OREGONIANS PREVENT ILLNESS AND LIVE BETTER LIVES. EVERY DAY, WE STREN GTHEN OUR COMMUNITIES BY MAKING HEALTH CARE WORK FOR EVERYONE. WE PROVIDE MANAGED CARE SER VICES TO APPROXIMATELY 260,000 OREGON HEALTH PLAN (MEDICAID) MEMBERS THROUGH OUR PARTNERSH IPS WITH THREE COORDINATED CARE ORGANIZATIONS, AND TO APPROXIMATELY 12,000 MEDICARE MEMBER S. OUR MEMBERS ARE LOCATED IN THE PORTLAND METROPOLITAN AREA, SOUTHERN OREGON AND THE NORT HERN OREGON COASTAL COUNTIES. . TWO OF OUR CCOS ARE LIMITED LIABILITY CORPORATIONS (LLCS) OWNED BY CAREOREGON: JACKSON COUNTY CCO, LLC (JACKSON CARE CONNECT), IN JACKSON COUNTY; AN D COLUMBIA PACIFIC CCO, LLC, IN COLUMBIA, TILLAMOOK AND CLATSOP COUNTIES. . HEALTH SHARE O F OREGON (HEALTH SHARE) IS MADE UP OF FOUR HEALTH PLANS (KAISER PERMANENTE, PROVIDENCE, TU ALITY AND CAREOREGON), THREE COUNTY MENTAL HEALTH DEPARTMENTS, AND NINE DENTAL CARE ORGANI ZATIONS. CAREOREGON PROVIDES PHYSICAL HEALTH MANAGED CARE SERVICES TO MOST OF HEALTH SHARE 'S MEMBERS, AND A PORTION OF HEALTH SHARE'S DENTAL HEALTH MANAGED CARE SERVICES. THIS PART NERSHIP SERVES OREGON HEALTH PLAN MEMBERS IN MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES. HEALTH SHARE IS A SEPARATE CCO UNRELATED TO CAREOREGON THAT ENGAGES CAREOREGON FOR MOST O F ITS ADMINISTRATIVE SERVICES. . YAMHILL COMMUNITY CARE ORGANIZATION IN YAMHILL COUNTY IS A SEPARATE CCO THAT ENGAGES CAREOREGON FOR MOST OF ITS ADMINISTRATIVE SERVICES. . CAREOREG ON DENTAL, A LINE OF BUSINESS OF CAREOREGON, PROVIDES DENTAL SERVICES TO MEMBERS OF HEALTH SHARE AND OREGON HEALTH PLAN'S OPEN CARD PROGRAM IN THE PORTLAND METRO REGION. . THE WAY TO WELLVILLE IS A FIVE-YEAR PROJECT SUPPORTED BY CAREOREGON AND COLUMBIA PACIFIC CCO IN CL ATSOP COUNTY. IT IS ONE OF FIVE WAY-TO-WELLVILLE PROJECTS CURRENTLY UNDERWAY IN THE U.S., WHICH HELP PROMOTE HEALTH IMPROVEMENT IN THE COMMUNITIES TAKING PART. SCHOOLS, PARKS AND R ECREATION, CIVIC GROUPS, POLICE AND FIRE DEPARTMENTS, HEALTH PLANS, HOSPITALS, PROVIDERS A ND PRIVATE CITIZENS COLLABORATE ON PROGRAMS THAT IMPROVE WELLNESS. . HOUSECALL PROVIDERS S ERVICES, LLC, A MEMBER OF THE CAREOREGON FAMILY, PROVIDES HOME-BASED CARE AND HOSPICE SERV ICES. HOUSECALL PROVIDERS, PC, OFFERS MEDICAL CARE, INTEGRATING PRIMARY AND PALLIATIVE SER VICES FOR HOMEBOUND PATIENTS IN THE PORTLAND METRO REGION. . UNDER A CONTRACT WITH OHA, CA REOREGON PROVIDES CARE COORDINATION TO AMERICAN INDIANS AND ALASKA NATIVES ON THE OREGON H EALTH PLAN. THE ORIGINAL REQUEST FOR THIS PROGRAM CAME FROM THE NINE FEDERALLY RECOGNIZED TRIBES IN OREGON BASED ON THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION TO 2019 FORM 990 FOR CAREOREGON, INC.	POSITIVE REPUTATION CAREOREGON HAS FOR CARE SUPPORT. THE TRIBES, OHA AND CAREOREGON COLLAB ORATED ON THE PROGRAM DESIGN. . ALL CCOS, INCLUDING THOSE IN THE CAREOREGON FAMILY OF COMP ANIES, PROVIDE THE OREGON HEALTH PLAN HEALTH CARE SERVICES TO ALL CHILDREN AND TEENS IN TH E STATE, REGARDLESS OF IMMIGRATION STATUS UNDER THE COVER-ALL-KIDS PROGRAM. IT INCLUDES PH YSICAL, DENTAL AND BEHAVIORAL HEALTH CARE. ALL COVERED SERVICES ARE FREE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	A. OREGON HEALTH PLAN (MEDICAID) PROGRAM THROUGH THE CCOS AND CAREOREGON DENTAL, CAREOREGO N PROVIDES HEALTH CARE SERVICES TO MORE THAN 255,000 MEDICAID MEMBERS BY CONTRACTING WITH NETWORKS OF COMMUNITY AND PRIVATE MEDICAL PROVIDERS THROUGHOUT THE STATE OF OREGON AND DEN TAL PROVIDERS IN THE PORTLAND METRO REGION. THESE SERVICES RESULT IN BETTER ACCESS TO QUAL ITY HEALTH CARE, LOWER COSTS AND IMPROVED CARE FOR OUR MEMBERS AND FOR THE COMMUNITIES WE SERVE. B. MEDICARE PLAN ON BEHALF OF HEALTH PLAN OF CAREOREGON, PARENT CAREOREGON ADMINIST ERS CAREOREGON ADVANTAGE(COA)PLUS, A MEDICARE SPECIAL NEEDS PLAN (SNP). COA PLUS PROVIDES CONTINUITY OF COVERAGE FOR MEMBERS WHO ARE DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID. THE CONTINUITY BENEFITS BOTH PATIENTS AND PROVIDERS BY ENSURING A COORDINATED AND CONVENIENT M EANS OF RECEIVING AND DELIVERING QUALITY CARE. OUR MEDICARE PLANS SERVED APPROXIMATELY 12, 000 MEMBERS IN 2019. C. CHARITABLE CONTRIBUTIONS WITH CAREOREGON'S GOAL OF CONTINUOUSLY IN VESTING IN THE COMMUNITIES WE SERVE, WE CONTRIBUTED ABOUT $3.5 MILLION IN 2019 TO OTHER NO NPROFIT CHARITABLE ORGANIZATIONS THAT STRIVE TO IMPROVE HEALTH CARE IN OREGON AND TO IMPRO VE HEALTH CARE STATUS OF VULNERABLE AND UNDERSERVED POPULATIONS. D. OTHER PROGRAM SERVICES THE CCOS WE SUPPORT PROVIDE ACCESS FOR APPROXIMATELY 260,000 LOW-INCOME OREGONIANS. OUR W ORK INVOLVES COORDINATING QUALITY HEALTH CARE FOR MEMBERS AND CONTRACTING WITH PUBLIC AND PRIVATE PROVIDERS TO PROVIDE HEALTH CARE SERVICES, INCLUDING PHYSICAL, MENTAL AND ORAL HEA LTH. WE PROVIDE CUSTOMER SERVICE FUNCTIONS FOR THESE CCOS, ASSIST WITH HEALTH IMPROVEMENT PLANS FOR THE VARIOUS COMMUNITIES AND PROVIDE TECHNICAL SUPPORT FOR INFORMATION SERVICES, HUMAN RESOURCES, COMMUNICATIONS, PROCESS IMPROVEMENT AND OTHER FUNCTIONS. THESE SERVICES R ESULT IN BETTER ACCESS TO QUALITY HEALTH CARE, LOWER COSTS AND IMPROVED CARE FOR OUR MEMBE RS AND FOR THE COMMUNITIES WE SERVE. CCOS ARE RESPONSIBLE FOR: . INTEGRATING PHYSICAL, MEN TAL, DENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT TO ENSURE BETTER CARE FOR THE WHOL E PERSON. . MAINTAINING A COMMUNITY CARE ADVISORY COUNCIL, MADE UP OF AT LEAST 51 PERCENT CONSUMERS, TO ADVISE THE STAFF AND BOARD OF DIRECTORS. . PROVIDING PATIENT-CENTERED PRIMAR Y CARE HOME (PCPCH) CLINICS. . IMPLEMENTING CONSISTENT ALTERNATIVE PAYMENT METHODOLOGIES T HAT ALIGN PAYMENT WITH HEALTH OUTCOMES. . WORKING WITH THEIR COMMUNITIES TO IMPLEMENT COMM UNITY HEALTH ASSESSMENTS AND ADOPTING ANNUAL COMMUNITY HEALTH IMPROVEMENT PLANS. . ENCOURA GING MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS AND HEALTH INFORMATION EXCHANGE. . ENSURI NG COMMUNICATIONS, OUTREACH, MEMBER ENGAGEMENT AND SERVICES ARE TAILORED TO CULTURAL, HEAL TH LITERACY AND LINGUISTIC NEEDS. . DEVELOPING AND IMPLEMENTING A QUALITY IMPROVEMENT PLAN FOCUSED ON ELIMINATING RACIAL, ETHNIC AND LINGUISTIC DISPARITIES IN ACCESS, QUALITY OF CA RE, EXPERIENCE OF CARE AND OUTCOMES. CCOS MUST REPORT ON A VARIETY OF PERFORMANCE METRICS EACH YEAR. CCOS MAY EARN BONUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DOLLARS FOR MEETING OR EXCEEDING BENCHMARKS FOR SOME IDENTIFIED METRICS. CAREOREGON'S PAR TNER CCOS HAVE CONSISTENTLY BEEN AMONG THE TOP PERFORMING CCOS FOR QUALITY POOL METRICS, W HICH INCLUDE SCREENINGS, HEALTH OUTCOMES AND PAY FOR PERFORMANCE. IN 2019, WE CONTINUED TO PROVIDE COMMUNITY OUTREACH, SUPPORT AND CARE COORDINATION SERVICES TO HIGH-RISK MEMBERS I N MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES THROUGH CAREOREGON; IN JACKSON COUNTY THROU GH JACKSON CARE CONNECT; IN COLUMBIA, TILLAMOOK AND CLATSOP COUNTIES THROUGH COLUMBIA PACI FIC CCO. WE ENCOURAGE CLINICS TO PROVIDE THE BEST PRIMARY CARE POSSIBLE THROUGH OUR VARIOU S IMPROVEMENT AND INCENTIVE-PAYMENT PROGRAMS. THE GOAL OF THESE PROGRAMS IS TO BUILD SYSTE MS AND PROCESSES FOR PROACTIVE PANEL MANAGEMENT; TEAM-BASED CARE; CASE MANAGEMENT; PATIENT EMPOWERMENT FOR SELF-MANAGEMENT; INTEGRATION OF PHYSICAL, MENTAL AND ORAL HEALTH CARE; IM MUNIZATION AND DISEASE-SPECIFIC PATIENT REGISTRIES; AND SAME-DAY AND EXTENDED-HOUR MEMBER ACCESS TO THE CARE TEAM. ALL THESE IMPROVEMENTS HAVE THE GOAL OF COST-EFFECTIVE, CONTINUOU S AND COORDINATED CARE. OUR PERSONALIZED HEALTH PROGRAMS FOCUS RESOURCES ON INDIVIDUAL NEE DS AND WELL-BEING. WE SUPPORT MEMBERS WHO ARE AT HIGH RISK AND/OR HAVE COMPLEX HEALTH COND ITIONS BY PROVIDING COORDINATED CARE THAT TAKES INTO CONSIDERATION PAST TRAUMAS. WE FOCUS ON EACH PERSON'S PSYCHOSOCIAL AND CARE MANAGEMENT NEEDS AND HELP MEMBERS TRANSITION FROM H OSPITAL TO HOME. WE PROVIDE HOME-BASED CARE SERVICES AND MEDICATION MANAGEMENT, AND DEVELO P SPECIALTY PRIMARY CARE TEAMS TO ADDRESS NEEDS. . REGIONAL CARE TEAM - A TEAM OF SOCIAL W ORKERS EXPERIENCED WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER WHICH DEVELOPS PARTNERSHI PS BASED ON MUTUAL TRUST WITH MEMBERS WHO FACE THE GREATEST HEALTH CHALLENGES. THE TEAM AD DRESSES MEMBERS' LIVING CONDITIONS AS WELL AS HEALTH CONDITIONS TO HELP MEMBERS TRANSITION TO OVERALL WELL-BEING. . TRANSITIONS IN CARE - FOCUS ON THE HOSPITALIZED DUAL-ELIGIBLE PO PULATION, WORKING WITH THEM BEFORE THEY ARE DISCHARGED TO REDUCE THE RISK OF READMISSION. . CARE COORDINATION - COORDINATION OF MULTI-DISCIPLINARY CARE FOR PATIENTS WITH COMPLEX ME DICAL ISSUES. . PALLIATIVE CARE - SUPPORT FOR TERMINALLY ILL PATIENTS, REDUCING HOSPITAL A ND EMERGENCY DEPARTMENT UTILIZATION RATES. . ADVERSE CHILDHOOD EXPERIENCES (ACES) TRAINING AND SERVICE - BY PARTNERING WITH OUR HEALTH PLANS, WE FOCUS ON TRAINING STAFF, PROVIDERS, EDUCATORS AND OTHER COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF RECOGNIZING ACES. PROVIDERS PRACTICING TRAUMA-INFORMED CARE TAKE INTO ACCOUNT THE PATIENT'S HISTORY, AND ADJUST THEIR TREATMENT TO SUPPORT THE INDIVIDUAL'S COPING CAPACITY. . ON SEPTEMBER 30, 2019, JACKSON C OUNTY CCO, LLC SIGNED A FIVE-YEAR CONTRACT WITH THE OREGON HEALTH AUTHORITY TO SERVE MEDIC AID ENROLLEES IN JACKSON COUNTY THROUGH DECEMBER 2024. . ON SEPTEMBER 30, 2019, COLUMBIA P ACIFIC CCO, LLC SIGNED A FIVE-YEAR CONTRACT WITH THE OREGON HEALTH AUTHORITY TO SERVE MEDI CAID ENROLLEES IN COLUMBIA, TI

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LLAMOOK ABD CLATSOP COUNTIES THROUGH DECEMBER 2024. . ON DECEMBER 6, 2019, CAREOREGON, INC . SIGNED AN INTEGRATED COMMUNITY NETWORK PARTICIPATION CONTRACT WITH HEALTH SHARE. THIS PA RTNERSHIP PROVIDES PHYSICAL HEALTH MANAGED CARE SERVICES TO MOST OF HEALTH SHARES MEMBERS AND BEHAVIORAL AND DENTAL HEALTH MANAGED CARE SERVICES TO ALL OF HEALTH SHARES MEMBERS IN MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES.

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Return Reference	Explanation
PART IV, LINE 12/12A CONSOLIDATED FINANCIAL STATEMENTS	FOR THE YEAR ENDED DECEMBER 31, 2019, AN AUDIT WAS PERFORMED ON THE CONSOLIDATED ENTITY WHICH INCLUDES CAREOREGON, INC., HEALTH PLAN OF CAREOREGON, INC., CARE ACCESS LLC, COLUMBIA PACIFIC CCO, LLC, JACKSON COUNTY CCO, LLC, HOUSECALL PROVIDERS SERVICES, LLC, AND HOUSECALL PROVIDERS, PC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 2 FAMILY AND BUSINESS RELATIONSHIPS	AMIT SHAH, MD IS A CHIEF MEDICAL OFFICER OF CAREOREGON AND SERVES AS A MEMBER OF THE BOARD OF DIRECTORS OF HOUSECALL PROVIDERS, PC. SHAH HOLDS 51% OWNERSHIP AND CAREOREGON HOLDS 49% OF HOUSECALL PROVIDERS, PC WHICH IS A FULLY-CONSOLIDATED SUBSIDIARY OF CAREOREGON FOR FINANCIAL REPORTING PURPOSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 11A FORM 990 TO GOVERNING BODY	CAREOREGON'S FORM 990 GOES THROUGH MULTIPLE LAYERS OF REVIEWS BEFORE IT IS REVIEWED BY THE CFO, FINANCE COMMITTEE AND THE BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED AND DISCUSSED AT THE FINANCE COMMITTEE MEETING. ALL REVIEWERS ARE GIVEN TIME TO RESPOND WITH ANY REVISIONS. AFTER INCORPORATION OF ALL REVISIONS, THE FORM 990 IS REDISTRIBUTED TO THE REVIEWERS FOR A FINAL REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 12C ENFORCEMENT OF CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY OF CAREOREGON IS DISTRIBUTED TO THE BOARD MEMBERS ANNUALLY . IT APPLIES TO DIRECTORS, OFFICERS AND KEY EMPLOYEES (ON THE BASIS OF TESTS SET FORTH IN IRS FORM 990), AND ANY OTHER INDIVIDUAL IN A POSITION TO EXERCISE SIGNIFICANT INFLUENCE OV ER A DECISION HAVING MATERIAL ECONOMIC IMPACT FOR CAREOREGON (COLLECTIVELY COVERED PERSONS). THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD. AN ANNU AL CONFLICT OF INTEREST DECLARATION AND INDEPENDENCE QUESTIONNAIRE IS DISTRIBUTED TO ALL C OVERED PERSONS. THROUGH THE DISTRIBUTED DOCUMENT, EACH COVERED PERSON SIGNS AND ACKNOWLEDG ES THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND REPORTS FAMILY AND BUSINESS R ELATIONSHIPS THAT ARE USED TO DETERMINE THE INDEPENDENCE OF A DIRECTOR PURSUANT TO THE DEF INITION AND TESTS SET FORTH IN IRS FORM 990. THE GOVERNANCE COMMITTEE REVIEWS THE RESPONSE S TO THE ANNUAL QUESTIONNAIRES AND MAKES RECOMMENDATIONS TO THE FULL BOARD ON ANY RESOLUTI ONS OR ACTIONS REQUIRED TO MITIGATE ANY CONFLICTS OF INTEREST. FOR 2019, THERE WERE NO CON FLICTS OF INTEREST REQUIRING RESOLUTION OR ACTIONS. AT THE BEGINNING OF EACH MEETING OF TH E BOARD OF DIRECTORS, THE CHAIR ASKS ALL MEMBERS PRESENT TO DECLARE ANY CONFLICTS OF INTER EST SO THE BOARD IS UPDATED ON ANY NEW CONFLICTS THAT MAY HAVE ARISEN SINCE THE LAST ANNUA L QUESTIONNAIRE. ALL SIGNED CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENTS AND INDEPENDENCE QUESTIONNAIRES ARE RETAINED AT CAREOREGON'S OFFICE. IF FOR A SPECIFIC MATTER REQUIRING BOA RD ACTION, A CONFLICT OF INTEREST EXISTS, AS DETERMINED BY THE BOARD, AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING, DISCLOSING THE EXISTENCE OF HIS OR HER INTEREST A ND SHALL DISCLOSE ALL MATERIAL FACTS. FOLLOWING THE PERSON'S DISCLOSURES AND AFTER ANY DIS CUSSION WITH THE BOARD, THE INDIVIDUAL LEAVES THE MEETING WHILE THE BOARD INDEPENDENTLY DI SCUSSES THE MATTER BEFORE IT VOTES ON THE PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING TH E CONFLICT OF INTEREST. IF THERE IS REASONABLE QUESTION ABOUT THE APPROPRIATENESS OF THE P ROPOSED TRANSACTION OR ARRANGEMENT, THE CHAIR SHALL APPOINT A DISINTERESTED PERSON OR COMM ITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTIONS OR ARRANGEMENTS. AFTER EXER CISING DUE DILIGENCE, THE BOARD SHALL EVALUATE THE RESULTING ALTERNATIVES PRESENTED BY THE APPOINTED PERSON OR COMMITTEE. IF AN APPROPRIATE CONFLICT-FREE ALTERNATIVE IS NOT REASONA BLY ATTAINABLE, THE BOARD SHALL DETERMINE BY MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE ORIGINAL TRANSACTION OR ARRANGEMENT IS IN CAREOREGON'S BEST INTEREST, FOR CARE OREGON'S OWN BENEFIT, WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CAREOREGON, AND WH ETHER THE TRANSACTION IS IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS. THE BOARD SHALL THEN VOTE WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH T HE EVALUATION OF THE FOREGOING. WHETHER THE ORIGINAL TRANSACTION OR ARRANGEMENT IS IN CARE OREGON'S BEST INTEREST, FOR CA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 12C ENFORCEMENT OF CONFLICT OF INTEREST POLICY	REOREGON'S OWN BENEFIT, WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CAREOREGON, AND WHETHER THE TRANSACTION IS IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS. THE BOA RD SHALL THEN VOTE WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH THE EVALUATION OF THE FOREGOING.

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Return Reference	Explanation
PART VI, LINE 15A AND 15B PROCESS OF DETERMINING COMPENSATION	MARKET DATA ON THE TOTAL COMPENSATION PACKAGE FOR EXECUTIVE POSITIONS (CEO, COO, CFO, CLO, AND CMO) IS PROVIDED ANNUALLY BY AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT USING COMPARABLE ORGANIZATIONS BY INDUSTRY, PROFIT/NON-PROFIT STATUS AND REVENUE SIZE. THE COMPENSATION COMMITTEE, CONSISTING OF A MAJORITY OF INDEPENDENT BOARD MEMBERS, REVIEWS MARKET DATA, EVALUATES CEO PERFORMANCE AND REVIEWS CEO RECOMMENDATIONS FOR COMPENSATION FOR OTHER EXECUTIVE OFFICERS. THE COMMITTEE PRESENTS ITS RECOMMENDATIONS FOR CEO TO THE BOARD. DECISIONS ARE MADE IN A BOARD MEETING. THE BOARD REVIEWS THE RECOMMENDATION FOR THE COMPENSATION OF ALL OTHER EMPLOYEES AS PART OF THE BUDGET APPROVAL PROCESS. THE PROCESS OF DETERMINING THE COMPENSATION OF TOP MANAGEMENT OFFICIALS AND KEY OFFICERS INCLUDES A REVIEW OF AN INDEPENDENT CONSULTANT'S REPORT OF COMPARABLE SALARIES OF SIMILAR ORGANIZATIONS AND IS GUIDED BY WRITTEN COMPENSATION PRACTICES. WITH THE CEO AND ALL OTHER OFFICERS ABSENT FROM THE MEETINGS, THE BOARD APPROVES THE SALARY OF THE CEO. THIS PROCESS WAS LAST UNDERTAKEN ON MARCH 13, 2020 FOR THE CEO, AND THE CEO'S RECOMMENDATIONS FOR OTHER OFFICERS. THERE IS CONTEMPORANEOUS DOCUMENTATION OF THIS PROCESS AND THE RESULTS.

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Return Reference	Explanation
PART VI, LINE 18 AND 19 PUBLIC INSPECTION	THE TAX RETURN INFORMATION IS AVAILABLE UPON REQUEST. WHILE NO REQUIREMENT TO MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC EXISTS, CAREOREGON WILL CONSIDER ALL REQUESTS FOR THESE DOCUMENTS ON A CASE-BY-CASE BASIS.

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Return Reference	Explanation
PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	IN 2019, CAREOREGON TRANSFERRED $5,500,000 TO HOUSECALL PROVIDERS, PC TO SUPPORT ITS OPERATIONS.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CareOregon Inc

Employer identification number
93-0933975

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) COLUMBIA PACIFIC CCO LLC 315 SW FIFTH AVENUE PORTLAND, OR 97204 45-5532847	MEDICAID	OR	160,808,814	29,631,414	CAREOREGON
(2) JACKSON COUNTY CCO LLC 315 SW FIFTH AVENUE PORTLAND, OR 97204 45-5499608	MEDICAID	OR	160,732,065	27,698,687	CAREOREGON
(3) HOUSECALL PROVIDERS SERVICES LLC 315 SW FIFTH AVENUE PORTLAND, OR 97204 82-1474020	HOSPICE SVC	OR	7,267,904	2,078,677	CAREOREGON
(4) CARE ACCESS LLC 315 SW FIFTH AVENUE PORTLAND, OR 97204 27-0630449	MEDICAL BLDG	OR	317,015	4,149,888	CAREOREGON

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	(g) No
(1)HEALTH PLAN OF CAREOREGON INC 315 SW FIFTH AVENUE PORTLAND, OR 97204 46-3264330	MEDICARE	OR	501(C)(3)	10	CAREOREGON	Yes	
(2)HOUSECALL PROVIDERS PC 315 SW FIFTH AVENUE PORTLAND, OR 97204 82-1663503	MEDICAL CARE	OR	501(C)(3)	10	CAREOREGON	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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? 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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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
(1)HEALTH PLAN OF CAREOREGON	l,n	19,049,687	ACTUAL COST
(2)HEALTH PLAN OF CAREOREGON	q	1,570,272	REIMBURSED
(3)HOUSECALL PROVIDERS PC	l,n,o	7,827,808	ACTUAL COST
(4)HOUSECALL PROVIDERS PC	m	1,136,967	CLINICAL SERV
(5)HOUSECALL PROVIDERS PC	q	752,333	REIMBURSED
(6)HOUSECALL PROVIDERS PC	r	5,500,000	TRANSFERRED

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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: 93-0933975
Name: CareOregon Inc

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH PLAN OF CAREOREGON	l,n	19,049,687	ACTUAL COST
HEALTH PLAN OF CAREOREGON	q	1,570,272	REIMBURSED
HOUSECALL PROVIDERS PC	l,n,o	7,827,808	ACTUAL COST
HOUSECALL PROVIDERS PC	m	1,136,967	CLINICAL SERV
HOUSECALL PROVIDERS PC	q	752,333	REIMBURSED
HOUSECALL PROVIDERS PC	r	5,500,000	TRANSFERRED