

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

<b>4a</b>	(Code ) (Expenses \$ 1,836,590,607 including grants of \$ 2,377,434 ) (Revenue \$ 2,336,967,524 )
See Additional Data	






















<b>4b</b>	(Code ) (Expenses \$ 470,970,226 including grants of \$ 0 ) (Revenue \$ 336,325,968 )
See Additional Data	

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

<b>4e</b>	<b>Total program service expenses</b> ▶ 2,307,560,833
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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 	<b>15</b> Yes	
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b> <b>28b</b> <b>28c</b>	No No No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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	1,785	
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	
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	18,750	
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	10	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	10	
<b>2</b>	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?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	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?	<b>7a</b>	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	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	<b>9</b>	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: AK, OR, WA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ 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.  
 ▶JEFF SEIRER 1115 SE 164TH AVENUE VANCOUVER, WA 98683 (360) 729-1000

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

[illegible]

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 ▶ 1,899

## Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NURSEFINDERS LLC, 524 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	HEALTHCARE STAFFING	29,731,055
STAFF CARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING	11,663,481
THOMAS CUISINE MANAGEMENT, 700 E FRANKLIN RD MERIDIAN, ID 83642	FOOD & NUTRITION SER	5,078,301
QUEST DIAGNOSTICS, 1737 AIRPORT WAY SUITE 200 SEATTLE, WA 98134	LABORATORY SERVICES	4,066,277
SOUTH SOUND INPATIENT PHYSICIANS P, 1498 PACIFIC AVENUE SUITE 400 TACOMA, WA 98402	HEALTHCARE STAFFING	3,824,347

Form 990 (2017)



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	6,041,161				
	e	Government grants (contributions)	1e	3,789,648				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,239,981				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			12,070,790			
Program Service Revenue				Business Code				
	2a	Patient Service Revenue		621110	2,609,614,786	2,609,614,786		
	b	Other Operating Revenue		621110	63,678,706	62,334,392	1,344,314	
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,673,293,492			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			86,940,054			160,243	86,779,811
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents		(i) Real	(ii) Personal				
			10,509,424					
	b Less rental expenses		7,882,068					
	c Rental income or (loss)		2,627,356	0				
	d Net rental income or (loss)				2,627,356			2,627,356
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			33,380,903	909,916				
	b Less cost or other basis and sales expenses		28,055,392	260,372				
	c Gain or (loss)		5,325,511	649,544				
	d Net gain or (loss)				5,975,055			5,975,055
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0				
	b Less direct expenses		b	0				
	c Net income or (loss) from fundraising events				0			
	9a Gross income from gaming activities See Part IV, line 19		a	0				
	b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances		a	0					
b Less cost of goods sold		b	0					
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue		Business Code						
11a Cafeteria Income		900099		4,818,642			4,818,642	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				4,818,642				
12 Total revenue. See Instructions				2,785,725,389		2,671,949,178	1,504,557	100,200,864

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,026,108	2,026,108		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	351,326	351,326		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	20,847,514	18,494,358	2,353,156	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	1,237,787,077	1,095,738,048	139,417,769	2,631,260
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	73,294,876	64,883,555	8,255,550	155,771
<b>9</b> Other employee benefits.	96,359,352	85,195,003	10,839,906	324,443
<b>10</b> Payroll taxes.	86,329,550	76,419,969	9,723,402	186,179
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	11,005,052	9,761,307	1,241,994	1,751
<b>b</b> Legal.	2,185,820	1,939,096	246,724	
<b>c</b> Accounting.	623,390	443,265	56,400	123,725
<b>d</b> Lobbying.	283,030	251,083	31,947	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	214,486,627	189,685,442	24,134,894	666,291
<b>12</b> Advertising and promotion.	4,631,964	4,040,126	514,051	77,787
<b>13</b> Office expenses.	4,327,137	3,827,569	487,006	12,562
<b>14</b> Information technology.	32,196,219	28,477,620	3,623,390	95,209
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	49,108,931	43,565,778	5,543,153	
<b>17</b> Travel.	5,715,414	5,002,971	636,560	75,883
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	4,788,142	4,235,790	538,947	13,405
<b>20</b> Interest.	32,234,166	28,595,746	3,638,420	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	135,759,036	120,425,826	15,322,549	10,661
<b>23</b> Insurance.	19,637,319	17,420,764	2,216,555	
<b>24</b> 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):				
<b>a</b> Med Supplies & Services.	380,153,605	337,243,903	42,909,702	
<b>b</b> Bad Debt.	71,814,986	63,708,895	8,106,091	
<b>c</b> Other Tax.	94,559,356	83,886,003	10,673,353	
<b>d</b> Interest Rate Swaps.	-10,315,092	-9,150,780	-1,164,312	
<b>e</b> All other expenses.	35,264,334	31,092,062	3,956,042	216,230
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,605,455,239	2,307,560,833	293,303,249	4,591,157
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		99,302,285	<b>1</b>	47,863,839
	<b>2</b>	Savings and temporary cash investments . . . . .		517,396,794	<b>2</b>	873,231,567
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		346,347,853	<b>4</b>	382,013,322
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		8,345,695	<b>7</b>	8,345,695
	<b>8</b>	Inventories for sale or use . . . . .		41,147,101	<b>8</b>	43,157,368
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		25,227,401	<b>9</b>	27,024,390
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 2,770,213,080			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 1,550,310,086	1,247,067,406	<b>10c</b>	1,219,902,994
	<b>11</b>	Investments—publicly traded securities . . . . .		1,290,106,942	<b>11</b>	1,114,176,994
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		94,079,698	<b>12</b>	71,382,560
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		34,085,640	<b>14</b>	33,656,210
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		91,802,641	<b>15</b>	100,958,668
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		3,794,909,456	<b>16</b>	3,921,713,607	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		297,191,547	<b>17</b>	300,020,651
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		5,653,553	<b>19</b>	2,059,363
	<b>20</b>	Tax-exempt bond liabilities . . . . .		946,674,024	<b>20</b>	842,105,729
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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 . . . . .		373,526,668	<b>25</b>	396,302,797
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,623,045,792	<b>26</b>	1,540,488,540	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		2,090,555,634	<b>27</b>	2,284,383,967
	<b>28</b>	Temporarily restricted net assets . . . . .		59,162,042	<b>28</b>	71,809,448
	<b>29</b>	Permanently restricted net assets . . . . .		22,145,988	<b>29</b>	25,031,652
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		2,171,863,664	<b>33</b>	2,381,225,067	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		3,794,909,456	<b>34</b>	3,921,713,607	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,785,725,389
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,605,455,239
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	180,270,150
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,171,863,664
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,869,378
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	27,221,875
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,381,225,067

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

HOSPITALS FOUNDED BY THE SISTERS OF ST JOSEPH OF PEACE, PEACEHEALTH HAS PROVIDED EXCEPTIONAL MEDICINE AND COMPASSIONATE CARE TO NORTHWEST COMMUNITIES FOR MORE THAN A CENTURY PEACEHEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH HOSPITALS LOCATED IN ALASKA, WASHINGTON AND OREGON RURAL COMMUNITIES RELY ON THEIR HOSPITALS AS CRITICAL COMPONENTS OF THE COMMUNITIES' ECONOMIC AND SOCIAL FABRIC THESE HOSPITALS ARE TYPICALLY THE LARGEST OR SECOND LARGEST EMPLOYER IN THE COMMUNITY, AND OFTEN STAND ALONE IN THEIR ABILITY TO OFFER HIGHLY-SKILLED JOBS (COMMENTARY CONTINUED ON SCHEDULE O )

**Form 990, Part III, Line 4b:**

CLINICS AND MEDICAL GROUPS IN ADDITION TO PROVIDING ACUTE CARE THROUGH A NETWORK OF HOSPITALS SUMMARIZED ON LINE 4A, THE PEACEHEALTH HEALTH CARE SYSTEM ALSO INCLUDES CLINICS AND MEDICAL GROUPS LOCATED IN ALASKA, WASHINGTON AND OREGON

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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			
SR ANDREA NENZEL CSJP ..... CHAIRMAN	40 0 ..... 4 0	X		X				0	0	0
SR KATHLEEN PRUITT CSJP ..... VICE CHAIR	40 0 ..... 2 0	X		X				0	0	0
SR SUSAN DEWITT CSJP ..... SECRETARY	40 0 ..... 2 0	X		X				0	0	0
KARL CARRIER ..... TREASURER	40 0 ..... 2 0	X		X				0	0	0
TIM ACKMAN ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
SR CHARLOTTE DAVENPORT CSJP ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
DAN HOLLINGSHEAD ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
LEE KEARNEY ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
KEVIN MURPHY ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
TODD STRUMWASSER MD ..... DIRECTOR	10 0 ..... 2 0	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			
RICK WOLLENBERG ..... DIRECTOR	10 0 ..... 2 0	X						0	0	0
ELIZABETH V DUNNE ..... PRESIDENT & CEO	40 0 ..... 2 0			X				2,028,930	0	362,851
CRAIG ARMSTRONG ..... ASSISTANT SECRETARY	40 0 ..... 2 0			X				254,874	0	52,051
CAROL AARON ..... EXECUTIVE VP	40 0 ..... 0 0				X			1,580,775	0	278,836
RICHARD DECARLO ..... EXECUTIVE VP	40 0 ..... 0 0				X			693,570	0	13,932
MICHAEL P DWYER ..... EXECUTIVE VP	40 0 ..... 2 0				X			725,320	0	14,354
KIMBERLY A HODGKINSON ..... EXECUTIVE VP	40 0 ..... 2 0				X			800,038	0	26,672
RON L SAXTON ..... EXECUTIVE VP	40 0 ..... 0 0				X			797,440	0	19,432
MARK C ADAMS ..... SENIOR VP	40 0 ..... 0 0				X			386,495	0	4,811
RENATO V BACIARELLI ..... SENIOR VP	40 0 ..... 0 0				X			879,711	0	168,650



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			
SUSAN BRUECHNER ..... SENIOR VP	40 0 ..... 0 0				X			459,423	0	50,276
STEVEN GLENN ..... SENIOR VP	40 0 ..... 0 0				X			361,642	0	28,965
DAN A HEIN ..... SENIOR VP	40 0 ..... 0 0				X			619,977	0	151,715
VICTORIA L KING ..... SENIOR VP	40 0 ..... 0 0				X			594,406	0	137,603
SEAN GREGORY ..... CHIEF EXECUTIVE COLUMBIA	40 0 ..... 4 0				X			696,222	0	20,626
MICHAEL C METCALF ..... CHIEF EXECUTIVE PHMG	40 0 ..... 0 0				X			497,905	0	121,448
RAND J O'LEARY ..... PRESIDENT HOSPITAL SVCS OR	40 0 ..... 2 0				X			693,741	0	162,381
DALE J ZENDER ..... CHIEF EXECUTIVE NORTHWEST	40 0 ..... 2 0				X			627,894	0	188,351
STEPHEN L COOK MD ..... M D CARDIOLOGY	40 0 ..... 0 0					X		934,468	0	103,528
ALLEN GABRIEL MD ..... M D SURGERY	40 0 ..... 0 0					X		1,510,048	0	144,232

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			
WEN-HUAN S HO MD ..... M D GASTROENTEROLOGY	40 0 ..... 0 0					X		1,155,028	0	131,282
RAMAKOTA REDDY MD ..... M D CARDIOLOGY	40 0 ..... 0 0					X		967,209	0	104,657
DAVID SAENGER MD ..... M D CARDIOLOGY	40 0 ..... 0 0					X		1,073,100	0	85,679
CYNTHIA A FINTER ..... FORMER SENIOR VP	0 0 ..... 0 0						X	369,600	0	0
BETH O'BRIEN ..... FORMER CHIEF OPERATING OFFICER	0 0 ..... 0 0						X	928,741	0	0
NANCY J STEIGER ..... FORMER SENIOR VP	0 0 ..... 0 0						X	706,953	0	12,874
ALAN R YORDY ..... FORMER PRESIDENT EMERITUS	0 0 ..... 0 0						X	504,004	0	26,886

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PEACEHEALTH

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Employer identification number**  
91-0939479

**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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

Additional Data

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

**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

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		564,891
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		65,000
<b>j</b>	Total. Add lines 1c through 1i			629,891
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1B	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES THROUGH EMPLOYEES DIRECTLY CONTACTING LEGISLATORS, THEIR STAFFS, OR GOVERNMENT OFFICIALS TO ADVOCATE IN SUPPORT OF OR OPPOSITION TO PENDING MEASURES THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES
PART II-B, LINE 1G	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES THROUGH EMPLOYEES, PAID OUTSIDE CONSULTING FIRMS, AND MEMBERSHIP DUES PAID TO STATE AND NATIONAL ASSOCIATIONS. THESE INDIVIDUALS AND ENTITIES DIRECTLY CONTACT LEGISLATORS, THEIR STAFFS, OR GOVERNMENT OFFICIALS TO ADVOCATE IN SUPPORT OF OR OPPOSITION TO PENDING MEASURES THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES
PART II-B, LINE 1I	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES BY MAKING CONTRIBUTIONS TO LOCAL AND STATE BALLOT MEASURE CAMPAIGN COMMITTEES, IN CAMPAIGNS THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
PEACEHEALTH

Employer identification number  
91-0939479

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 8/17/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	41,485,058	37,043,493	34,416,309	32,158,276	42,466,288
b Contributions	1,057,545	126,052	3,277,289	1,882,561	175,566
c Net investment earnings, gains, and losses	2,691,393	4,621,855	-377,148	1,037,344	4,020,665
d Grants or scholarships					
e Other expenditures for facilities and programs	4,637,901	306,342	272,957		14,504,243
f Administrative expenses					
g End of year balance	40,596,095	41,485,058	37,043,493	35,078,181	32,158,276

2

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

a

Board designated or quasi-endowment

18 605 %

b

Permanent endowment

57 121 %

c

Temporarily restricted endowment

24 274 %

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

(i) unrelated organizations

3a(i)

Yes	No
	No

(ii) related organizations

3a(ii)

Yes	No
Yes	

b

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

3b

Yes	No
Yes	

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		116,287,020		116,287,020
b Buildings		1,469,632,611	822,359,460	647,273,151
c Leasehold improvements		80,922,452	51,603,502	29,318,950
d Equipment		1,035,708,054	676,347,124	359,360,930
e Other		67,662,943		67,662,943
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,219,902,994

Schedule D (Form 990) 2017

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

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
OBLIGATIONS UNDER CAPITAL LEASES	23,167,446
INTEREST RATE SWAPS	91,915,237
ACCRUED PENSION LIABILITY	97,320,097
SELF-INSURANCE LIABILITY	64,055,293
BONDS & NOTES PAYABLE	99,515,163
CONDITIONAL ARO LIABILITY	19,897,653
OTHER LIABILITIES	431,908
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	396,302,797

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.

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

**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.

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

**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:** 91-0939479  
**Name:** PEACEHEALTH

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	THE REPORTED ENDOWMENT FUNDS BELONG TO THE PEACEHEALTH FOUNDATIONS THE PEACEHEALTH FOUNDATIONS ARE SEPARATELY INCORPORATED AND EACH FOUNDATION FILES A SEPARATE FORM 990 REFER TO THE SCHEDULE R, PART II FOR A LISTING OF THESE RELATED FOUNDATIONS THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR 1) THE PURCHASE OF PROPERTY, PLANT, AND EQUIPMENT 2) SUPPORT FOR HOSPICE AND INDIGENT CARE 3) PATIENT CARE AND OTHER OPERATING ACTIVITIES

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE CONSOLIDATED FINANCIAL STATEMENTS FOOTNOTE (2)(T) - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES FEDERAL AND STATE INCOME TAXES THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT EXCEEDS A 50 PERCENT PROBABILITY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN ESTIMATE OCCURS

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PEACEHEALTH

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

91-0939479

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Central America and the Caribbean	1	1	PROGRAM SERVICES	HEALTHCARE	351,326
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	1			351,326
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	1	1			351,326

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			Central America and the Caribbean	PROGRAM SERVICES	351,326	BANK WIRE	0		
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **1**
- 3 Enter total number of other organizations or entities . . . . . **0**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No



**Part V** **Supplemental Information**

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

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

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

PEACEHEALTH

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

91-0939479

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,213,285	0	35,213,285	1 350 %
b Medicaid (from Worksheet 3, column a)			588,932,529	443,379,002	145,553,527	5 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			624,145,814	443,379,002	180,766,812	6 940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,199,836	677,640	1,522,196	0 060 %
f Health professions education (from Worksheet 5)			4,671,600	1,199,657	3,471,943	0 130 %
g Subsidized health services (from Worksheet 6)			7,390,812	4,174,254	3,216,558	0 120 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,221,611	97	2,221,514	0 090 %
j Total. Other Benefits			16,483,859	6,051,648	10,432,211	0 400 %
k Total. Add lines 7d and 7j			640,629,673	449,430,650	191,199,023	7 340 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			3,321	0	3,321	
<b>2</b> Economic development			0	0	0	0 %
<b>3</b> Community support			629,692	0	629,692	0 020 %
<b>4</b> Environmental improvements			0	0	0	0 %
<b>5</b> Leadership development and training for community members			0	0	0	0 %
<b>6</b> Coalition building			153	0	153	0 %
<b>7</b> Community health improvement advocacy			0	0	0	0 %
<b>8</b> Workforce development			0	0	0	0 %
<b>9</b> Other			459	0	459	0 %
<b>10 Total</b>			633,625	0	633,625	0 020 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	598,723,831
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	671,754,995
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-73,031,164
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**10**

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

See Additional Data Table										
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Facility reporting group

Other (describe)

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FACILITY REPORTING GROUP A**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

10

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PEACEHEALTH.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>WWW.PEACEHEALTH.ORG - IN THE CHNAS</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

## FACILITY REPORTING GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> % <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount <b>g</b> <input type="checkbox"/> Residency <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications <b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u> <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u> <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.PEACEHEALTH.ORG</u> <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations <b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

## FACILITY REPORTING GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	<p>PEACEHEALTH USES THE FEDERAL POVERTY GUIDELINES (FPL) AS WELL AS THE FOLLOWING CRITERIA FOR DETERMINING THE AMOUNT OF FINANCIAL ASSISTANCE THAT WILL BE PROVIDED EACH INDIVIDUAL SITUATION IS REVIEWED INDEPENDENTLY WITH ALLOWANCES MADE FOR EXTENUATING CIRCUMSTANCES ASSETS ARE NOT CONSIDERED FOR FINANCIAL ASSISTANCE APPLICANTS WHOSE ANNUALIZED GROSS INCOME FALLS BELOW 200 PERCENT OF THE FPL ASSETS MAY BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR APPLICANTS WHOSE GROSS HOUSEHOLD INCOME IS BETWEEN 201-400 PERCENT OF FPL CONSIDERATION FOR FINANCIAL ASSISTANCE INCLUDES A REVIEW OF</p> <ul style="list-style-type: none"> <li>* GROSS HOUSEHOLD INCOME</li> <li>* NUMBER OF PEOPLE IN THE HOME</li> <li>* SECURABLE ASSETS EXCLUDING PRIMARY RESIDENCE</li> <li>* BANK, BROKERAGE, AND RETIREMENT ACCOUNTS</li> <li>* SPECIAL MEDICAL COSTS</li> <li>* OTHER INDICATORS OF ABILITY TO PAY</li> </ul> <p>* OTHER EXTENUATING CIRCUMSTANCES EXAMPLES INCLUDE THE REMAINING BALANCE TO BE PAID AFTER ALL REDUCTIONS, HOUSEHOLD INCOME, MEDICAL STATUS OF PATIENT/FAMILY, AND LEVEL/TYPE OF ASSETS EQUITY IN THE PRIMARY RESIDENCE IS EXCLUDED FROM THE ASSET CALCULATION IF THE ASSET CONSISTS OF REAL PROPERTY, THE ASSET CONSIDERED IS THE DIFFERENCE BETWEEN THE VALUE OF THE ASSET AND THE AMOUNT OWED AGAINST THE ASSET A \$3,000 ASSET EXEMPTION IS ALLOWED FOR HOUSEHOLDS WITH 1 MEMBER, AND AN ADDITIONAL \$500 IS ALLOWED FOR EACH ADDITIONAL HOUSEHOLD MEMBER ASSETS OUTSIDE OF THE EXEMPTIONS LISTED ABOVE MAY BE USED TO DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED TO APPLICANTS WITH HOUSEHOLD INCOME BETWEEN 201-400% OF FPL</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	<p>THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON PART I LINE 7 IS AS FOLLOWS COST TO CHARGE RATIOS WERE CALCULATED BY TOTAL BUSINESS UNIT OPERATING EXPENSE DIVIDED BY TOTAL GROSS PATIENT REVENUE THIS RATIO WAS THEN APPLIED TO THE PATIENT CHARGES BY FINANCIAL CLASS IN THE BUSINESS UNIT TO ESTIMATE COST BY FINANCIAL CLASS THE COST BY FINANCIAL CLASS WAS THEN OFFSET BY REVENUE, INCLUDING ALLOCATIONS OF REVENUE OUTSIDE OF THE BILLING SYSTEM THE REVENUE OUTSIDE OF THE BILLING SYSTEM CONSISTS OF PROVIDER TAXES, 3RD PARTY SETTLEMENTS, AND OTHER OFFSETTING REVENUE RECORDED IN THE GENERAL LEDGER FOR CHARITY CARE, THE COST TO CHARGE RATIO WAS APPLIED TO ALL CHARITY CARE DEDUCTIONS PART 1, LINE 7 THE REPORTED COMMUNITY BENEFIT AMOUNTS DO NOT CAPTURE CERTAIN ADDITIONAL COMMUNITY BENEFIT ACTIVITIES AND CONTRIBUTIONS MADE DIRECTLY BY THE PEACEHEALTH AFFILIATED, SEPARATELY INCORPORATED FOUNDATIONS TO ENSURE THAT FUTURE REPORTING WILL ACCURATELY REFLECT THE SCOPE OF ALL PEACEHEALTH COORDINATED COMMUNITY BENEFIT ACTIVITIES WE ARE IN THE PROCESS OF REVISING OUR PROCEDURES TO HAVE ALL COMMUNITY BENEFIT EXPENDITURES MADE BY PEACEHEALTH DIRECTLY</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	PEACEHEALTH'S COMMUNITY BUILDING ACTIVITIES ARE AIMED AT THE CAUSES OF HEALTH PROBLEMS IN A LOCAL COMMUNITY, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS THESE ACTIVITIES PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY'S RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE PEACEHEALTH MEDICAL CENTERS SOME EXAMPLES OF THESE ACTIVITIES INCLUDE * THE ST JOHN MEDICAL CENTER COMMUNITY MINISTRY COORDINATES A YOUTH MENTORSHIP PROGRAM THIS PROGRAM RECRUITS AT RISK YOUTH FOR JOB TRAINING, JOB SHADOWING, MENTORING, LIFE SKILLS AND PROVIDES SCHOLARSHIPS FOR COLLEGE OR TECHNICAL SCHOOLS * THE SACRED HEART MEDICAL CENTER AT RIVERBEND COORDINATED 905 VOLUNTEER HOURS TO SUPPORT THE UNITED WAY DAY OF CARING THE DAY OF CARING IS ORGANIZED TO GATHER COMMUNITY RESOURCES FOR COMPLETING PROJECTS THAT THE LOCAL NONPROFIT AGENCIES LACK THE RESOURCES TO COMPLETE ON THEIR OWN

# 990 Schedule H, Supplemental Information

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

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	6/30/2018 AUDITED FINANCIAL STATEMENTS - FOOTNOTE (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES SECTION (M) NET PATIENT SERVICE REVENUE THE CORPORATION PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE CORPORATION



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE CALCULATION FOR PART III, LINE 8 IS COMPLETED USING MEDICARE COST REPORT DATA. THE MEDICARE AMOUNTS LISTED IN PART III, SECTION B ON LINES 5, 6, AND 7 ARE REPORTED FROM THE MEDICARE COST REPORTS AND DO NOT REPRESENT ALL OF THE REVENUES AND COSTS ASSOCIATED WITH PARTICIPATION IN MEDICARE PROGRAMS BY PEACEHEALTH. PART III SECTION B DOES NOT ALLOW FOR A FULL REPORTING OF MEDICARE REVENUES AND COSTS AS THE INSTRUCTIONS TO THE FORM 990 LIMIT MEDICARE REVENUES AND ALLOWABLE COSTS TO THOSE FROM THE MEDICARE COST REPORT. REVENUE AND COSTS FROM MEDICARE PART C PATIENTS, PART B PHYSICIAN SERVICES BILLED BY THE ORGANIZATION, AND CLINICAL LABORATORY SERVICES WERE NOT INCLUDED IN THE MEDICARE COST REPORT. IN ADDITION, HOSPITALS INCUR OTHER COSTS TO PROVIDE CARE THAT MEDICARE DOES NOT ALLOW IN THE COST REPORT. THE TOTAL REVENUES AND COSTS ATTRIBUTABLE TO ALL MEDICARE SERVICES ARE 1,054,277,385 AND 1,107,854,578 RESPECTIVELY. THIS RESULTS IN A TOTAL MEDICARE SHORTFALL OF 53,577,193.</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>PEACEHEALTH OPERATES TEN HOSPITALS IN THREE STATES IN ALASKA, PEACEHEALTH RUNS THE KETCHI KAN MEDICAL CENTER IN KETCHIKAN IN OREGON, PEACEHEALTH OPERATES SACRED HEART MEDICAL CENTER ER UNIVERSITY DISTRICT (EUGENE), SACRED HEART MEDICAL CENTER AT RIVERBEND (SPRINGFIELD), P EACE HARBOR MEDICAL CENTER (FLORENCE), AND COTTAGE GROVE COMMUNITY MEDICAL CENTER (COTTAGE GROVE) IN WASHINGTON, PEACEHEALTH OPERATES SOUTHWEST WASHINGTON MEDICAL CENTER (VANCOUVE R), PEACEHEALTH ST JOHN MEDICAL CENTER (LONGVIEW), PEACEHEALTH ST JOSEPH MEDICAL CENTER (BELLINGHAM), PEACEHEALTH UNITED GENERAL MEDICAL CENTER (SEDRO-WOOLLEY), AND PEACEHEALTH P EACE ISLAND MEDICAL CENTER (FRIDAY HARBOR) COMMUNITY INFORMATION FOR KETCHIKAN, ALASKA N EARLY 30% OF THE SERVICE AREAS POPULATION IS AMERICAN INDIAN OR ALASKAN NATIVE WITH 21 5% OF THE MORE POPULOUS KETCHIKAN GATEWAY BOROUGH AND 47 3% OF THE PRINCE OF WALES-HYDER CENS US AREA BELONGING TO THIS RACE/ETHNICITY GROUP ALMOST 77% OF KETCHIKAN RESIDENTS ARE WHIT E COMPARED TO 57 9% OF PRINCE OF WALES-HYDER AND 73 1% OF ALASKANS OVERALL ABOUT 10% OF T HE POPULATION IS 65 YEARS OF AGE OR OLDER, COMPARED TO 7 7% OF STATE OF ALASKA RESIDENTS A ND 13 0% OF UNITED STATES RESIDENTS COMMUNITY INFORMATION FOR EUGENE, OREGON THE US CENS US 2010 PLACED THE POPULATION OF LANE COUNTY AT 351,715 RESIDENTS EUGENE, HOME TO THE UNI VERSITY OF OREGON, IS THE LARGEST CITY IN THE COUNTY WITH A 2010 POPULATION OF ABOUT 156,0 00 RESIDENTS, OR NEARLY 45% OF THE COUNTY'S POPULATION THE EUGENE-SPRINGFIELD METRO AREA CONTAINS OVER 60% OF THE COUNTY'S POPULATION OVER 88% OF THE POPULATION IN LANE COUNTY IS WHITE, IN CONTRAST TO OVER 83% IN THE STATE OF OREGON LANE COUNTY CURRENTLY HAS FEWER RE SIDENTS OF HISPANIC ANCESTRY (7 4%) THAN EITHER THE STATE (11 4%) OR THE NATION (16 3%), B UT HISPANICS ARE THE LARGEST AND FASTEST GROWING MINORITY GROUP IN THE COUNTY SPRINGFIELD HAS A SIGNIFICANTLY HIGHER PERCENTAGE OF HISPANIC RESIDENTS (12 1%) THAN ANY OF THE OTHER CITIES IN LANE COUNTY THE AGE DEMOGRAPHICS VARY SIGNIFICANTLY BY COMMUNITY OVERALL LANE COUNTY HAS A LARGER ELDERLY POPULATION THAN EITHER THE STATE OR NATION (ABOUT 15% VS 14% AND 13%, RESPECTIVELY) THIS FINDING HAS SIGNIFICANT IMPLICATIONS FOR OVERALL HEALTH, AS WELL AS FOR THE NEED FOR HEALTH CARE SERVICES SPRINGFIELD, EUGENE AND CRESWELL HAVE MUCH SMALLER ELDERLY POPULATIONS, BARELY OVER 10% STRIKINGLY, MORE THAN A THIRD OF THE POPULAT ION OF FLORENCE IS 65 YEARS OF AGE OR OLDER COMMUNITY INFORMATION FOR SPRINGFIELD, OREGON REFER TO THE PREVIOUSLY LISTED INFORMATION FOR EUGENE, OREGON AND LANE COUNTY FOR THE P URPOSE OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE SERVICE AREA FOR PEACEHEALTH SACRED HEART AT RIVERBEND WAS DEFINED AS LANE COUNTY THIS DEFINITION WAS BASED IN PART ON THE FA CT THAT MORE THAN 80% OF PEACEHEALTH SACRED HEARTS INPATIENTS IN 2011 WERE RESIDENTS OF LA NE COUNTY IN ADDITION, SACRED HEART AT RIVERBEND SERVES AS THE REGIONAL REFERRAL HOSPITAL FOR OTHER PROVIDERS IN LANE COUNTY COMMUNITY INFORMATION FOR FLORENCE, OREGON PEACE HAR BOR'S SERVICE AREA HAS APPROXIMATELY 28,000 RESIDENTS, MOST OF WHOM RESIDE IN FLORENCE RE EDSPORT, WALDPORT AND YACHATS ARE THE ONLY OTHER COMMUNITIES WITH MORE THAN 1,000 RESIDENT S OVERALL, THE SERVICE AREA IS RURAL AND OVERWHELMINGLY WHITE, RANGING FROM 98% IN SWISSH OME TO 94% IN GARDINER THE HISPANIC POPULATION COMPRISES 4% OF THE POPULATION, SIGNIFICAN TLY LOWER THAN LANE COUNTY, OF WHICH 7 4% OF THE POPULATION IS OF HISPANIC ANCESTRY THE M OST STRIKING DEMOGRAPHIC FEATURE OF THE SERVICE AREA IS THE LARGE SENIOR CITIZEN POPULATIO N SENIOR CITIZENS COMPRISE OVER 15% OF THE POPULATION OF LANE COUNTY, BUT OVER 31% OF RES IDENTS OF THE SERVICE AREA ARE 65 OR OLDER AT LEAST 20% OF THE POPULATION IN EACH COMMUNI TY IS AT LEAST 65 YEARS OF AGE, AND IN FLORENCE, FULLY 35% OF RESIDENTS ARE 65 OR OLDER T HIS LARGE ELDERLY POPULATION, ALONG WITH TOURISM, HAS BECOME AN IMPORTANT PART OF THE LOCA L ECONOMY AS THE TIMBER AND FISHING INDUSTRIES HAVE DECLINED COMMUNITY INFORMATION FOR CO TTAGE GROVE, OREGON COTTAGE GROVE OFFERS PROGRAMS TO THE APPROXIMATELY 40,000 RESIDENTS O F THE SERVICE AREA THE SERVICE AREA IS PREDOMINANTLY WHITE WITH A GROWING HISPANIC POPULA TION AT THE 2010 CENSUS, 5% OF THE POPULATION WAS OF HISPANIC ORIGIN IN COMPARISON TO OVE R 7% OF LANE COUNTY STRIKINGLY, THE SERVICE AREA HAD A MUCH LARGER SENIOR CITIZEN POPULAT ION IN COMPARISON TO LANE COUNTY WITH THE EXCEPTION OF CRESWELL AND DEXTER, THE PERCENT O F THE POPULATION THAT IS 65 OR OLDER IS GREATER THAN THAT OF LANE COUNTY AS A WHOLE MOST STRIKING IS ELKTON WHERE 27% OF THE POPULATION WAS AT LEAST 65 YEARS OLD COMMUNITY INFORM ATION FOR VANCOUVER, WASHINGTON WITHIN THE FOUR COUNTY PORTLAND METROPOLITAN AREA, CLARK COUNTY IS THE THIRD MOST POPULOUS COUNTY THE SERVICE AREA ENCOMPASSES 629 SQUARE MILES AN D ITS MULTIPLE LARGE SUBURBAN COMMUNITIES HAVE A TOTAL POPULATION OF OVER 425,000, BETWEEN 2000 AND 2010, THE POPULATION GREW BY OVER 23% T</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>HE LARGEST CITY IN THE COUNTY IS VANCOUVER, WHICH HAS 38% OF THE COUNTY'S POPULATION. OTHER LARGER CITIES INCLUDE CAMAS, BATTLE GROUND AND WASHOUGAL. AS WITH MANY PRIMARILY SUBURBAN COMMUNITIES, CLARK COUNTY IS FAST-GROWING AND AFFLUENT. COUNTY HEALTH RANKINGS CURRENTLY RANKS CLARK COUNTY THE EIGHTH HEALTHIEST COUNTY IN THE STATE OF WASHINGTON. AT 7.8% CLARK COUNTY HAS A SMALLER HISPANIC POPULATION THAN THE REST OF THE STATE OF WASHINGTON AND THE SMALLEST HISPANIC POPULATION IN THE PORTLAND METRO AREA. WITHIN CLARK COUNTY, THE CITIES OF VANCOUVER AND WOODLAND HAVE RELATIVELY LARGE HISPANIC POPULATIONS. THE PROPORTION OF ELDERLY POPULATION IN CLARK COUNTY (12.0%) IS SIMILAR TO THE STATE OF WASHINGTON (12.7%) AND VARIES BY LOCALITY WITHIN CLARK COUNTY. IT IS THE SECOND LARGEST IN THE PORTLAND REGION, WITH ONLY CLACKAMAS COUNTY HAVING A LARGER ELDERLY POPULATION. COMMUNITY INFORMATION FOR LONGVIEW, WASHINGTON: THE US CENSUS 2010 PLACED THE POPULATION OF COWLITZ COUNTY AT 102,410 RESIDENTS. THE LARGEST POPULATION CENTER IS LONGVIEW, HOME TO NEARLY HALF OF ALL COWLITZ COUNTY RESIDENTS. THIS IS FOLLOWED BY THE GEOGRAPHICALLY ADJACENT CITY OF KELSO, WHICH HAS ABOUT A QUARTER OF THE COUNTY'S RESIDENTS. RACIALLY, COWLITZ COUNTY IS PREDOMINANTLY WHITE (92.5% OF RESIDENTS), THE SECOND LARGEST RACIAL GROUP IS NATIVE AMERICAN, AT 3.3% OF THE POPULATION. ETHNICALLY, COWLITZ COUNTY IS LESS THAN 8% HISPANIC, WHICH IS SIGNIFICANTLY LOWER THAN THE STATE AVERAGE OF ALMOST 12%. OVERALL, COWLITZ COUNTY HAS A LARGER POPULATION OF RESIDENTS AGE 65 AND OLDER (15.4%) COMPARED TO EITHER THE STATE (12.3%) OR THE NATION (13.0%). THE PROPORTION OF THE COMMUNITY IN THIS AGE GROUP VARIES SIGNIFICANTLY ACROSS THE COUNTY, RANGING FROM OVER 68% OF RESIDENTS IN RYDERWOOD TO ONLY 12% OF RESIDENTS IN TOUTLE. COMMUNITY INFORMATION FOR BELLINGHAM, WASHINGTON: WHATCOM COUNTY IS THE 12TH LARGEST IN THE STATE OF WASHINGTON IN TERMS OF AREA AND THE NINTH LARGEST IN TERMS OF POPULATION. ACCORDING TO THE 2010 CENSUS, 201,140 PEOPLE LIVE IN WHATCOM COUNTY. MOST (43%) LIVE IN UNINCORPORATED AREAS, AND 40% (80,885) LIVE IN BELLINGHAM. FROM 2000 TO 2010, WHATCOM COUNTY'S POPULATION INCREASED 21%, COMPARED TO THE 14% INCREASE IN POPULATION FOR WASHINGTON STATE AS A WHOLE. THE COUNTY'S POPULATION IS GETTING OLDER AS THE MEDIAN AGE GREW FROM 34 IN 2000 TO 36.1 IN 2010. DATA FROM THE CENSUSES THOSE TWO YEARS SHOWS THE PROPORTION OF CHILDREN UNDER 5 YEARS OLD FELL FROM 6.1% IN 2010 TO 5.8% WHILE THE PROPORTION OF ADULTS OVER 65 YEARS OLD INCREASED FROM 11.6% TO 12.8%. COMMUNITY INFORMATION FOR FRIDAY HARBOR, WASHINGTON: FRIDAY HARBOR IS A TOWN IN SAN JUAN COUNTY, WASHINGTON, UNITED STATES. THE POPULATION WAS 2,162 AT 2010 CENSUS. LOCATED ON SAN JUAN ISLAND, FRIDAY HARBOR IS THE MAJOR COMMERCIAL CENTER OF THE SAN JUAN ISLANDS ARCHIPELAGO AND IS THE COUNTY SEAT OF SAN JUAN COUNTY. AS OF THE CENSUS OF 2010, THERE WERE 2,162 PEOPLE, 1,015 HOUSEHOLDS, AND 481 FAMILIES RESIDING IN THE TOWN. THE RACIAL MAKEUP OF THE TOWN WAS 83.1% WHITE, 0.3% AFRICAN AMERICAN, 0.5% NATIVE AMERICAN, 2.0% ASIAN, 0.1% PACIFIC ISLANDER, 10.9% FROM OTHER RACES, AND 3.1% FROM TWO OR MORE RACES. HISPANIC OR LATINO OF ANY RACE WERE 15.9% OF THE POPULATION. THERE WERE 1,015 HOUSEHOLDS OF WHICH 27.3% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 30.2% WERE MARRIED COUPLES LIVING TOGETHER, 12.0% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT, 5.1% HAD A MALE HOUSEHOLDER WITH NO WIFE PRESENT, AND 52.6% WERE NON-FAMILIES. 46.0% OF ALL HOUSEHOLDS WERE MADE UP OF INDIVIDUALS AND 17.7% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OLDER. COMMUNITY INFORMATION FOR SEDRO-WOOLLEY, WASHINGTON: SEDRO-WOOLLEY IS A CITY IN SKAGIT COUNTY, WASHINGTON, UNITED STATES. THE POPULATION WAS 10,540 AT THE 2010 CENSUS. AS OF THE CENSUS OF 2010, THERE WERE 10,540 PEOPLE, 3,995 HOUSEHOLDS AND 2,609 FAMILIES RESIDING IN THE CITY.</p>

**990 Schedule H, Supplemental Information**

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

990 Schedule H, Supplemental Information

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



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT AK, OR, WA

Schedule H (Form 990) 2017

Additional Data

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

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>10</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PH SACRED HEART MED CTR AT RIVERBEND 3333 RIVERBEND DRIVE SPRINGFIELD, OR 97477	X	X					X			A
2	PH SACRED HEART MED CTR UNIV DISTRICT 1255 HILYARD STREET EUGENE, OR 97401	X	X					X			A
3	PH SOUTHWEST MEDICAL CENTER 400 NE MOTHER JOSEPH PL VANCOUVER, WA 98683	X	X					X			A
4	PH ST JOSEPH MEDICAL CENTER 2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225	X	X					X			A
5	PH ST JOHN MEDICAL CENTER 1615 DELAWARE STREET LONGVIEW, WA 98632	X	X					X			A

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>10</b>											
Name, address, primary website address, and state license number											
6	PH KETCHIKAN MEDICAL CENTER 3100 TONGASS AVENUE KETCHIKAN, AK 99901	X	X			X		X			A
7	PH PEACE HARBOR MEDICAL CENTER 400 9TH STREET FLORENCE, OR 97439	X				X		X			A
8	PH COTTAGE GROVE COMMUNITY MED CTR 1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424	X				X		X			A
9	PH PEACE ISLAND MEDICAL CENTER 1117 SPRING STREET FRIDAY HARBOR, WA 97401	X				X		X			A
10	PH UNITED GENERAL MEDICAL CENTER 4000 HOSPITAL DRIVE SEDROWOOLLEY, WA 98284	X				X		X			A

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 9 - HOSPITAL 9 PEACE ISLAND MEDICAL CENTER	PEACE ISLAND MEDICAL CENTER (PIMC) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN CONSECUTIVE YEARS IN ORDER TO BE ALIGNED WITH THE OTHER PEACEHEALTH FACILITIES THE LATEST IMPLEMENTATION STRATEGY WAS NOT FORMALLY ACCEPTED UNTIL JUST AFTER THE CLOSE OF TAX YEAR 2015
PART V, SECTION B, LINE 5	TO OBTAIN CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE PEACEHEALTH MEDICAL CENTERS, THE COMMUNITY HEALTH NEEDS ASSESSMENTS TOOK INTO ACCOUNT INFORMATION FROM 1) PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH 2) FEDERAL, TRIBAL, REGIONAL, STATE, AND LOCAL HEALTH DEPARTMENTS AND AGENCIES 3) LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SERVED BY THE HOSPITAL FACILITY 4) REVIEW OF AVAILABLE PUBLISHED COMMUNITY HEALTH DATA 5) MEETINGS WITH COMMUNITY GROUPS AND PUBLIC OFFICIALS, PUBLIC FORUMS, FOCUS GROUPS AND COMMUNITYWIDE HEALTH ASSET SURVEY AND KEY INFORMANT INTERVIEWS PLEASE REFER TO THE PUBLISHED CHNAS FOR FURTHER DETAILS THESE REPORTS CAN BE FOUND AT WWW PEACEHEALTH ORG

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	PEACEHEALTH HOSPITALS WORK IN CONCERT TO CONDUCT CHNAS IF THEY SERVE THE SAME COMMUNITY OR AN OVERLAPPING COMMUNITY PEACEHEALTH HOSPITALS WITHIN A NETWORK (GEOGRAPHIC REGION) ALSO WILL WORK TOGETHER EVEN WHEN THE COMMUNITIES ARE NOT OVERLAPPING THE FOLLOWING HOSPITALS CONDUCTED THEIR CHNAS TOGETHER SACRED HEART MEDICAL CENTER RIVERBEND, SACRED HEART MEDICAL CENTER UNIVERSITY DISTRICT, COTTAGE GROVE COMMUNITY MEDICAL CENTER, PEACE HARBOR MEDICAL CENTER THE FOLLOWING HOSPITALS CONDUCTED THEIR CHNAS INDEPENDENTLY WHILE COORDINATING WITH NEIGHBORING PEACEHEALTH HOSPITALS PEACE ISLAND MEDICAL CENTER, ST JOSEPH MEDICAL CENTER, ST JOHN MEDICAL CENTER, KETCHIKAN MEDICAL CENTER, SOUTHWEST MEDICAL CENTER, UNITED GENERAL MEDICAL CENTER
PART V, SECTION B, LINE 6B	REFER TO THE PUBLISHED CHNAS AT WWW PEACEHEALTH ORG FOR DETAILS ABOUT WHAT ORGANIZATIONS PARTICIPATED IN THE CHNAS THE PEACEHEALTH HOSPITALS' CHNAS WERE UNDERTAKEN CONCURRENT WITH THE PLANNING ACTIVITIES OF COMMUNITY HEALTH ORGANIZATIONS IN THE STATE, REGION AND COUNTY THE FOLLOWING HOSPITAL FACILITIES AND ORGANIZATIONS COLLABORATED IN THE COMPLETION OF THE CHNAS SACRED HEART MEDICAL CENTER RIVERBEND, SACRED HEART MEDICAL CENTER UNIVERSITY DISTRICT, COTTAGE GROVE COMMUNITY MEDICAL CENTER AND PEACE HARBOR MEDICAL CENTER COLLABORATED WITH THE OREGON STATE HEALTH IMPROVEMENT PLAN AND LIVE HEALTHY LANE (LHL) ST JOSEPH MEDICAL CENTER, PEACE ISLAND MEDICAL CENTER, AND UNITED GENERAL MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, AND THE NORTH SOUND ACCOUNTABLE COMMUNITY OF HEALTH (NS-ACH) THE NS-ACH INCLUDES REPRESENTATIVES FROM THE FIVE-COUNTY AREA THAT INCLUDES SAN JUAN, ISLAND, SKAGIT, SNOHOMISH AND WHATCOM COUNTIES ST JOSEPH MEDICAL CENTER ALSO COLLABORATED WITH THE WHATCOM ALLIANCE FOR HEALTH ADVANCEMENT, PEACE ISLAND MEDICAL CENTER ALSO COLLABORATED WITH SAN JUAN COUNTY OUTSIDE OF THE NS-ACH, UNITED GENERAL MEDICAL CENTER ALSO COLLABORATED WITH SKAGIT COUNTY OUTSIDE OF THE NS-ACH INVOLVEMENT KETCHIKAN MEDICAL CENTER COLLABORATED WITH THE STATE OF ALASKA AND THE KETCHIKAN WELLNESS COALITION SOUTHWEST MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, CLARK COUNTY PUBLIC HEALTH DEPARTMENT, SOUTHWEST WASHINGTON REGIONAL HEALTH ALLIANCE AND THE HEALTHY LIVING COLLABORATIVE OF SOUTHWEST WASHINGTON ST JOHN MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, COWLITZ COUNTY PUBLIC HEALTH DEPARTMENT, CASCADE PACIFIC ACTION ALLIANCE, THE HEALTHY LIVING COLLABORATIVE OF SOUTHWEST WASHINGTON, AND PATHWAYS 2020

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	PLEASE REFER TO THE PUBLISHED CHNAS LOCATED AT WWW.PEACEHEALTH.ORG. THE PUBLISHED CHNAS CONTAIN THE IMPLEMENTATION PLAN(S) COVERING HOW THE PEACEHEALTH MEDICAL CENTERS ARE ADDRESSING THE SIGNIFICANT NEEDS OF THEIR RESPECTIVE COMMUNITIES.
PART V, SECTION B, LINE 13H	PEACEHEALTH USES THE FEDERAL POVERTY GUIDELINES (FPL) AND CRITERIA THAT ASSESS AN INDIVIDUAL'S ABILITY TO PAY FOR DETERMINING THE AMOUNT OF FINANCIAL ASSISTANCE THAT WILL BE PROVIDED. EACH INDIVIDUAL SITUATION IS REVIEWED INDEPENDENTLY WITH ALLOWANCES MADE FOR EXTENUATING CIRCUMSTANCES. FOR ADDITIONAL DESCRIPTION, REFER TO SCHEDULE H, PART VI EXPLANATION FOR PART I, LINE 3C.

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

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

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



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As Filed Data -

DLN: 93493133031269

Schedule I  
(Form 990)

OMB No 1545-0047

2017

Open to Public Inspection

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
PEACEHEALTH

Employer identification number  
91-0939479

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 . . . . . 42

3 Enter total number of other organizations listed in the line 1 table . . . . . 4

**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	PEACEHEALTH PRE-SCREENS APPLICANTS TO DETERMINE THE NEED OF THE ORGANIZATION RECEIVING THE GRANT GRANTS AND DONATIONS ARE THEN DETERMINED AND GIVEN TO THOSE ORGANIZATIONS WHOSE MISSION FALLS IN LINE WITH PROMOTING HEALTHCARE OR THE FURTHERANCE OF A COMMUNITY NEED, SUCH AS HEALTHCARE EDUCATION SINCE EACH GRANT IS CAREFULLY EXAMINED BEFORE IT IS GIVEN AND THE PURPOSE OF THE GRANT IS KNOWN BEFORE IT IS GIVEN, NO FOLLOW UP IS PERFORMED TO FIND OUT HOW THE GRANT WAS USED

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SISTERS OF ST JOSEPH OF PEACE 1663 KILLAMEY WAY BELLEVUE, WA 98009	91-0567741	501(C)(3)	341,200				MISSION SUPPORT
TOUTLE RIVER RANCH 907 DOUGLAS ST LONGVIEW, WA 98632	91-0726260	501(C)(3)	241,230				ADDICTION 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
COUNCIL FOR THE HOMELESS 2500 MAIN STREET VANCOUVER, WA 98660	91-2001828	501(C)(3)	165,673				HOUSING ASSISTANCE
UNITY CARE NW 1616 CORNWALL AVE STE 205 BELLINGHAM, WA 98225	91-2168190	501(C)(3)	150,000				EDUCATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANE COMMUNITY COLLEGE FOUNDATION 4000 EAST 30TH AVE EUGENE, OR 97405	23-7113266	501(C)(3)	137,500				EDUCATION SUPPORT
WESTERN LANE AMBULANCE DIST PO BOX 2690 FLORENCE, OR 97439	93-6010869	OREGON	105,000				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WSMA FOUNDATION FOR HEALTHCARE 2001 6TH AVENUE SUITE 2700 SEATTLE, WA 98121	91-6074463	501(C)(3)	100,000				COMMUNITY HEALTH NEEDS
WASHINGTON STATE MEDICAL GROUP MANAGEMENT 2033 SIXTH AVE STE 1100 SEATTLE, WA 98121	91-6182713	501(C)(3)	100,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF SW WASHINGTON 4100 PLOMONDON ST VANCOUVER, WA 98661	91-1707542	501(C)(3)	76,250				COMMUNITY HEALTH NEEDS
WHATCOM ALLIANCE FOR HEALTHCARE ACCESS 800 EAST CHESTNUT LL STE 2 BELLINGHAM, WA 98225	81-0677295	501(C)(3)	65,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHUCKANUT HEALTH FOUNDATION PO BOX 971 BELLINGHAM, WA 982270971	91-1192943	501(C)(3)	55,000				COMMUNITY HEALTH NEEDS
COUNTY OF WHATCOM 311 GRAND AVE STE 103 BELLINGHAM, WA 98225	91-6001383	WASHINGTON	53,400				COMMUNITY BENEFIT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY HEALTH PARTNERS PO BOX 2853 LONGVIEW, WA 98632	91-2016542	501(C)(3)	50,000				COMMUNITY HEALTH NEEDS
MERCY HOUSING NORTHWEST 2505 3RD AVE SUITE 204 SEATTLE, WA 98121	91-1546525	501(C)(3)	35,000				HOUSING ASSISTANCE

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
SAN JUAN ISLAND FAMILY RESOURCE PO BOX 1981 FRIDAY HARBOR, WA 98250	91-2014083	501(C)(3)	34,000				COMMUNITY BENEFIT
UNITED WAY OF LANE COUNTY 3171 GATEWAY LOOP SPRINGFIELD, OR 97477	93-0394142	501(C)(3)	30,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGID COLLINS FAMILY SUPPORT CENTER 1231 N GARDEN STREET 200 BELLINGHAM, WA 98225	94-3121951	501(C)(3)	25,000				COMMUNITY BENEFIT
PATHWAYS 2020 1452 HUDSON ST US BANK STE 209 LONGVIEW, WA 98632	91-1954815	501(C)(3)	24,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAN JUAN ISLAND COMMUNITY FOUNDATION PO BOX 1352 FRIDAY HARBOR, WA 98250	91-1648730	501(C)(3)	21,000				COMMUNITY BENEFIT
LANDING HOTEL 3434 TONGASS AVE KETCHIKAN, AK 99901	92-0075395		20,158				PATIENT LODGING

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
CASCADE HEALTH SOLUTIONS 2650 SUZANNE WY STE 200 EUGENE, OR 97408	93-0421470	501(C)(3)	20,000				COMMUNITY HEALTH NEEDS
CARDINAL HEALTH 112 LLC 7000 CARDINAL PL DUBLIN, OH 43017	47-5322872		17,650				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PULSARA 2880 TECHNOLOGY BLVD W SUITE 183 BOZEMAN, MT 59718	46-4244768		17,500				COMMUNITY BENEFIT
THE VOLUNTEERS IN MEDICINE CLINIC 3321 W 11TH AVENUE EUGENE, OR 97402	93-1276816	501(C)(3)	17,000				COMMUNITY HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SKAGIT COUNTY PO BOX 518 MOUNT VERNON, WA 98273	91-6001361	WASHINGTON	15,000				COMMUNITY BENEFIT
LOWER COLUMBIA SCHOOL GARDENS PO BOX 3010 LONGVIEW, WA 98632	91-0823636	501(C)(3)	15,000				NUTRITION EDUCATION

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
SE ALASKA REGIONAL HEALTH CONS PO BOX 812 CRAIG, AK 99921	92-0056274	501(C)(3)	15,000	0			COMMUNITY HEALTH NEEDS
HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403	93-0963546	501(C)(3)	15,000				COMMUNITY BENEFIT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST CITY HOMELESS SERVICES PO BOX 23095 KETCHIKAN, AK 99901	26-2565838	501(C)(3)	14,000				HOUSING ASSISTANCE
OREGON HEALTH CARE QUALITY 520 SW 6TH AVE SUITE 830 PORTLAND, OR 97204	93-1293103	501(C)(3)	13,656				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WHATCOM COUNTY 1511 CORNWALL AVE BELLINGHAM, WA 98225	91-0570788	501(C)(3)	12,500				COMMUNITY BENEFIT
COUNTY OF SOUTH LANE DIST 4553 1275 SOUTH RIVER RD COTTAGE GROVE, OR 97424	93-6000589	OREGON	12,500				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM FAMILY YMCA 1256 NORTH STATE STREET BELLINGHAM, WA 98225	91-0482690	501(C)(3)	12,000				COMMUNITY BENEFIT
SW WASHINGTON FAMILY YMCA 766 15TH AVENUE LONGVIEW, WA 98632	91-0565021	501(C)(3)	11,488				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NEIGHBORS FOR BELLINGHAM HOME PO BOX 2187 BELLINGHAM, WA 98227	82-5322033	WASHINGTON	10,000				HOUSING ASSISTANCE
CATHOLIC COMMUNITY SERVICES 1025 G STREET EUGENE, OR 97477	93-0409105	501(C)(3)	10,000				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OREGON PUBLIC BROADCAST 7140 SW MACADAM AVE PORTLAND, OR 97219	93-0814638	501(C)(3)	10,000				COMMUNITY BENEFIT
CHILDRENS COURSE 19825 RIVER ROAD GLADSTONE, OR 97027	93-1212530	501(C)(3)	10,000				EDUCATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
IDENTITY CLARK COUNTY 915 BROADWAY SUITE 302 VANCOUVER, WA 98660	91-1623724	501(C)(3)	8,000				Community Benefit
KAYHI KETCHIKAN HIGH SCHOOL 2610 FOURTH AVE KETCHIKAN, AK 99901	92-0031096	ALASKA	7,360				COMMUNITY BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST JOSEPH MEDICAL CENTER FOUNDATION 2901 SQUALICUM PKWY BELLINGHAM, WA 98225	72-1545902	501(C)(3)	7,000				MISSION SUPPORT
WHATCOM COMMUNITY COLLEGE 237 WEST KELLOGG ROAD BELLINGHAM, WA 98226	91-0855768	501(C)(3)	6,751				EDUCATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF FLORENCE PO BOX 598 FLORENCE, OR 97439	93-0931139	501(C)(3)	6,600				COMMUNITY BENEFIT
COLUMBIA RIVER ECONOMIC DEVELOPMENT COUNCIL 805 BROADWAY SUITE 412 VANCOUVER, WA 98660	91-1186305	501(C)(4)	6,000				COMMUNITY BENEFIT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTH LANE MENTAL HEALTH SERVICES 410 N 9TH STREET COTTAGE GROVE, OR 97424	93-0966461	501(C)(3)	5,500				COMMUNITY BENEFIT
UNITED GENERAL DISTRICT #304 2241 HOSPITAL DR SEDRO WOOLLEY, WA 98284	81-0622393	501(C)(3)	5,341				MISSION SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

- 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.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PEACEHEALTH

Employer identification number

91-0939479

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**2** Yes

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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** Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

**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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8** No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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.

See Additional Data Table

**Schedule J (Form 990) 2017**

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION HAS POLICIES REGARDING THE ELIGIBILITY OF EXECUTIVES FOR THESE ITEMS. FOR EXAMPLE, TRAVEL FOR COMPANIONS AND HOUSING ALLOWANCES ARE RELATED TO RELOCATION BENEFITS OR FIRST CLASS TRAVEL FOR FLIGHTS EXCEEDING SIX HOURS IN DURATION. THESE BENEFITS WERE REPORTED AND TREATED AS TAXABLE INCOME.
PART I, LINES 4A-B	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, CERTAIN PHYSICIANS, AND OTHER HIGHLY COMPENSATED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN VARIOUS NONQUALIFIED RETIREMENT PLANS. CONTRIBUTIONS TO THESE PLANS AND RELATED INVESTMENT RETURNS ARE DISCLOSED ON SCHEDULE J AS DEFERRED COMPENSATION AND AS BONUS COMPENSATION WHEN PAID TO THE INDIVIDUAL. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2017: Beth O'Brien 698,906; Dan A. Hein 86,123; Renato V. Baciarelli 146,384; Cynthia A. Finter 346,931; Mark C. Adams 274,539; Alan R. Yordy 504,004; Nancy J. Steiger 614,994. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN CALENDAR YEAR 2017: Elizabeth V. Dunne 333,130; Carol Aaron 191,456; Dan A. Hein 98,844; Rand J. O'Leary 129,362; Renato V. Baciarelli 137,302; Victoria L. King 112,661; Michael C. Metcalf 98,160; Wen-Huan S. Ho, M.D. 56,944; David Saenger, M.D. 27,974; Ramakota Reddy, M.D. 28,277; Stephen L. Cook, M.D. 32,404; Allen Gabriel 89,056; Dale J. Zender 122,640. ADDITIONAL COMMENTARY: WE ARE COMMITTED TO LIVING OUR CORE VALUES OF RESPECT, STEWARDSHIP, COLLABORATION AND SOCIAL JUSTICE. PEACEHEALTH MINISTRIES COMPETE FOR EXECUTIVE TALENT WITH BOTH FOR-PROFIT AND NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS THROUGHOUT THE COUNTRY DUE TO THE COMPLEXITY OF THE JOB. COMPETITIVE COMPENSATION PROGRAMS ARE CRITICAL TO ATTRACT AND RETAIN THE BEST EXECUTIVE TALENT. PEACEHEALTH IS COMMITTED TO COMPENSATION PRACTICES THAT ARE BOTH JUST AND COMPETITIVE. PEACEHEALTH USES A SINGLE PROCESS TO DETERMINE COMPENSATION FOR ALL CAREGIVERS, INCLUDING EXECUTIVES. THIS PROCESS INCLUDES REVIEWING THIRD-PARTY SURVEY DATA TO BENCHMARK SALARIES AGAINST SIMILAR JOBS AT OTHER HEALTH CARE SYSTEMS OF COMPARABLE SIZE AND COMPLEXITY. WE ALSO EVALUATE EXECUTIVE PERFORMANCE ON AN ANNUAL BASIS. THE PEACEHEALTH BOARD HAS A GOVERNANCE COMMITTEE COMPRISED OF DIVERSE INDIVIDUALS WITH MISSION, INDEPENDENT BUSINESS AND HUMAN RESOURCES EXPERTISE. THE COMMITTEE IS CHARGED WITH SETTING EXECUTIVE COMPENSATION, INCLUDING INCENTIVE PAY, BENEFITS AND RELATED POLICIES. IT ESTABLISHES SALARIES FOR PEACEHEALTH EXECUTIVES BASED ON THE MARKET MEDIAN (50TH PERCENTILE). AS PART OF THE TOTAL COMPENSATION PACKAGE, OTHER BENEFITS ARE PROVIDED CONSISTENT WITH THE MEDIAN (MIDDLE) OF THE HEALTH CARE MARKET. BENEFITS ARE DESIGNED TO SUPPORT OUR CULTURE AND VALUES, AND TO ENCOURAGE COMMITMENT AND RETENTION.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ELIZABETH V DUNNE PRESIDENT & CEO	(i)	1,192,717	731,144	105,069	350,235	12,616	2,391,781	0
	(ii)	0	0	0	0	0	0	0
1CAROL AARON EXECUTIVE VP	(i)	623,691	934,303	22,781	257,766	21,070	1,859,611	661,152
	(ii)	0	0	0	0	0	0	0
2RICHARD DECARLO EXECUTIVE VP	(i)	458,467	129,598	105,505	0	13,932	707,502	0
	(ii)	0	0	0	0	0	0	0
3MICHAEL P DWYER EXECUTIVE VP	(i)	479,394	176,016	69,910	0	14,354	739,674	0
	(ii)	0	0	0	0	0	0	0
4KIMBERLY A HODGKINSON EXECUTIVE VP	(i)	557,408	238,684	3,946	2,285	24,387	826,710	0
	(ii)	0	0	0	0	0	0	0
5RON L SAXTON EXECUTIVE VP	(i)	544,512	243,106	9,822	1,151	18,281	816,872	0
	(ii)	0	0	0	0	0	0	0
6MARK C ADAMS SENIOR VP	(i)	108,944	0	277,551	1,742	3,069	391,306	0
	(ii)	0	0	0	0	0	0	0
7RENATO V BACIARELLI SENIOR VP	(i)	386,370	341,460	151,881	149,367	19,283	1,048,361	137,302
	(ii)	0	0	0	0	0	0	0
8SUSAN BRUECHNER SENIOR VP	(i)	346,012	110,337	3,074	24,519	25,757	509,699	0
	(ii)	0	0	0	0	0	0	0
9STEVEN GLENN SENIOR VP	(i)	295,331	61,956	4,355	25,962	3,003	390,607	0
	(ii)	0	0	0	0	0	0	0
10DAN A HEIN SENIOR VP	(i)	292,155	237,245	90,577	129,538	22,177	771,692	98,844
	(ii)	0	0	0	0	0	0	0
11VICTORIA L KING SENIOR VP	(i)	420,893	161,290	12,223	117,901	19,702	732,009	0
	(ii)	0	0	0	0	0	0	0
12SEAN GREGORY CHIEF EXECUTIVE COLUMBIA	(i)	536,321	108,016	51,885	0	20,626	716,848	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL C METCALF CHIEF EXECUTIVE PHMG	(i)	363,834	133,117	954	101,619	19,829	619,353	0
	(ii)	0	0	0	0	0	0	0
14RAND J O'LEARY PRESIDENT HOSPITAL SVCS OR	(i)	479,399	214,342	0	134,762	27,619	856,122	0
	(ii)	0	0	0	0	0	0	0
15DALE J ZENDER CHIEF EXECUTIVE NORTHWEST	(i)	458,173	167,632	2,089	160,752	27,599	816,245	0
	(ii)	0	0	0	0	0	0	0
16CRAIG ARMSTRONG ASSISTANT SECRETARY	(i)	219,828	35,046	0	25,937	26,114	306,925	0
	(ii)	0	0	0	0	0	0	0
17STEPHEN L COOK MD M D CARDIOLOGY	(i)	784,017	148,695	1,756	70,516	33,012	1,037,996	148,695
	(ii)	0	0	0	0	0	0	0
18ALLEN GABRIEL MD M D SURGERY	(i)	1,510,048	0	0	116,368	27,864	1,654,280	0
	(ii)	0	0	0	0	0	0	0
19WEN-HUAN S HO MD M D GASTROENTEROLOGY	(i)	1,155,028	0	0	99,150	32,132	1,286,310	0
	(ii)	0	0	0	0	0	0	0

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				
<b>21</b> RAMAKOTA REDDY MD M D CARDIOLOGY	(i)	818,845	148,364	0	65,475	39,182	1,071,866	148,364
	(ii)	0	0	0	0	0	0	0
<b>1</b> DAVID SAENGER MD M D CARDIOLOGY	(i)	941,539	131,561	0	55,286	30,393	1,158,779	131,561
	(ii)	0	0	0	0	0	0	0
<b>2</b> CYNTHIA A FINTER FORMER SENIOR VP	(i)	0	22,669	346,931	0	0	369,600	22,669
	(ii)	0	0	0	0	0	0	0
<b>3</b> BETH O'BRIEN FORMER CHIEF OPERATING OFFICER	(i)	0	229,835	698,906	0	0	928,741	229,835
	(ii)	0	0	0	0	0	0	0
<b>4</b> NANCY J STEIGER FORMER SENIOR VP	(i)	0	91,959	614,994	12,874	0	719,827	91,959
	(ii)	0	0	0	0	0	0	0
<b>5</b> ALAN R YORDY FORMER PRESIDENT EMERITUS	(i)	0	0	504,004	26,886	0	530,890	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
91-0939479

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WA HEALTHCARE FACILITIES AUTHORITY	91-1108929	93978EU26	06-26-2008	80,650,000	REFUND WHCFA 2005 BONDS ISSUED '05		X		X		X
B OR FACILITIES AUTHORITY	93-6001787	68608JJG7	06-26-2008	95,495,000	REFINANCE OFA04 B-F ISSUED 10/2012		X		X		X
C OR FACILITIES AUTHORITY	93-6001787	68608JJH5	06-26-2008	99,175,000	REFINANCE OFA04 B-F ISSUED 10/2012		X		X		X
D OR FACILITIES AUTHORITY	93-6001787	68608JKB6	10-15-2009	105,257,760	REFUND OFA08A&B '08, HHCFCA '98		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	0		24,520,000		24,175,000		14,485,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	80,650,000		95,495,000		99,175,000		105,257,760	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	647,613		566,281		588,103		1,321,927	
8	Credit enhancement from proceeds . . . . .	0		363,456		377,461		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	80,002,387		94,565,263		98,209,436		103,935,833	
11	Other spent proceeds . . . . .	0		0		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2008		2008		2008		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule K  
(Form 990)

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
91-0939479

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	22,425,000		0		3,400,000		3,520,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	100,340,553		150,000,000		53,464,898		44,678,262	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	1,232,220		0		0		873,262	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	99,108,333		150,000,000		53,464,898		43,805,000	
11	Other spent proceeds . . . . .	0		0		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2008		2011		2013		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493133031269			
<b>Schedule K (Form 990)</b>		<b>Supplemental Information on Tax-Exempt Bonds</b>				OMB No 1545-0047	
Department of the Treasury Internal Revenue Service Name of the organization PEACEHEALTH		▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</b> ▶ <b>Attach to Form 990.</b> ▶ <b>Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>				<b>2017</b>	
						<b>Open to Public Inspection</b>	
						<b>Employer identification number</b> 91-0939479	

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

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	0									
2	Amount of bonds legally defeased . . . . .	0									
3	Total proceeds of issue . . . . .	71,088,211									
4	Gross proceeds in reserve funds . . . . .	0									
5	Capitalized interest from proceeds . . . . .	0									
6	Proceeds in refunding escrows . . . . .	0									
7	Issuance costs from proceeds . . . . .	1,019,562									
8	Credit enhancement from proceeds . . . . .	0									
9	Working capital expenditures from proceeds . . . . .	0									
10	Capital expenditures from proceeds . . . . .	70,068,649									
11	Other spent proceeds . . . . .	0									
12	Other unspent proceeds . . . . .	0									
13	Year of substantial completion . . . . .	2014									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .	X									
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X								
16	Has the final allocation of proceeds been made? . . . . .	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X									

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

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

Return Reference	Explanation
SCHEDULE K, PART III, LINES 8A, 8B, AND 8C	DISPOSITIONS OF BOND-FINANCED PROPERTY IN THE ORDINARY COURSE OF BUSINESS, PEACEHEALTH ROUTINELY DISPOSES OF PROPERTY DISPOSALS ARE GENERALLY DUE TO EQUIPMENT OBSOLESCENCE OR A TRADE IN ON NEW EQUIPMENT IN A DISPOSAL WHERE CASH PROCEEDS ARE RECEIVED, THE PROCEEDS ARE EITHER 1) REINVESTED IN QUALIFIED ASSETS AT A LOCATION COVERED BY A TEFRA NOTICE (TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1982), OR 2) BONDS ARE CALLED AND REDEEMED WITH THE PROCEEDS



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

91-0939479

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	CHARITY CARE AND COMMUNITY BENEFITS PEACEHEALTH PROVIDES FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO PAY FOR SERVICE FINANCIAL ASSISTANCE PATIENTS RECEIVE CARE AT REDUCED COST OR NO CHARGE WHEN IT IS DETERMINED THAT PAYMENT CANNOT BE OBTAINED THROUGH INSURANCE, OUTSIDE AGENCIES, OR PRIVATE MEANS PEACEHEALTH OFFERS INFORMATION ON AVAILABLE ASSISTANCE PRIOR TO ADMISSION, FINANCIAL ASSISTANCE IS ALSO AVAILABLE POST-CARE THROUGH FINANCIAL COUNSELING OTHER COMMUNITY BENEFIT COSTS INCLUDE THE UNREIMBURSED COST OF MEDICAID AND GOVERNMENT PROGRAMS, HEALTH EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES NET COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING ACTIVITIES FOR TAX YEAR 2017 WAS \$195,123,959 AS INDICATED ON THE SCHEDULE H IN PART I, LINE 7K COLUMN (E) AND PART II, LINE 10 COLUMN (E)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SUMMARY OF CHANGES TO PH ARTICLES ARTICLE 7 THERE IS NO LONGER A REQUIREMENT TO HAVE A MINIMUM NUMBER OF DIRECTOR POSITIONS ON THE BOARD BELONG TO SISTERS OF ST JOSEPH OF PEACE, NOR A REQUIREMENT FOR THE CONGREGATION LEADER OF SISTERS OF ST JOSEPH OF PEACE BE A MEMBER SUMMARY OF CHANGES TO PH BYLAWS ARTICLE 2 2 THERE IS NO LONGER A REQUIREMENT TO HAVE A MINIMUM NUMBER OF DIRECTOR POSITIONS ON THE BOARD BELONG TO SISTERS OF ST JOSEPH OF PEACE, NOR A REQUIREMENT FOR THE CONGREGATION LEADER OF SISTERS OF ST JOSEPH OF PEACE BE A MEMBER ARTICLE 2 5 ALL DIRECTORS WILL SERVE A 3 YEAR TERM IN OFFICE DIRECTORS WHO ARE PROFESSIONED SISTERS OF ST JOSEPH OF PEACE ARE NOT SUBJECT TO THE SAME LIMIT OF 9 CONSECUTIVE YEARS OF SERVICE ARTICLE 2 18 THE GOVERNANCE COMMITTEE SHALL INCLUDE AT LEAST ONE PROFESSIONED SISTER OF ST JOSEPH OF PEACE AS LONG AS ONE IS SERVING AS A PEACEHEALTH DIRECTOR

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PEACEHEALTH NETWORKS (EIN 91-1230425) IS THE SOLE CORPORATE MEMBER OF PEACEHEALTH NETWORKS IS A 501(C)(3) ORGANIZATION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S ACCOUNTING DEPARTMENT WORKS CLOSELY WITH THE OUTSIDE ACCCOUNTING FIRM I T ENGAGES (KPMG) TO PREPARE AND REVIEW THE RETURN THE EVP, CFO AND LEGAL DEPARTMENT REVIE W A DRAFT OF THE FORM 990 AND PROVIDE COMMENTS THE FINAL DRAFT IS MADE AVAILABLE TO THE B OARD OF DIRECTORS PRIOR TO FILING THE RETURN

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE INDEPENDENT CHAIR OF THE PEACEHEALTH BOARD OF DIRECTORS REVIEWS AND RECOMMENDS, IN PARTNERSHIP WITH REPRESENTATIVES OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS, THE COMPENSATION OF PEACEHEALTH'S PRESIDENT/CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS HAS ULTIMATE APPROVAL AUTHORITY FOR THE COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER. FURTHERMORE, THE INDEPENDENT COMPENSATION CONSULTANT, WITH SUPPORT FROM MEMBERS OF THE HUMAN RESOURCES DEPARTMENT, DETERMINES COMPARABILITY DATA ACROSS VARIOUS INDUSTRY AND APPLICABLE FOR-PROFIT/NOT-FOR-PROFIT ORGANIZATIONS FOR PERIODICALLY INFORMING THE GOVERNANCE COMMITTEE OF THE BOARD ON THE MARKET COMPETITIVENESS OF THE PAY FOR PEACEHEALTH EXECUTIVES. DISCUSSIONS AND DECISIONS MADE DURING THE COMMITTEE MEETINGS ARE DOCUMENTED IN MEETING MINUTES. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN SEPTEMBER 2018, AND INCLUDED THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, NETWORK CHIEF EXECUTIVES, MEDICAL GROUP CHIEF EXECUTIVE, AND OTHER SENIOR NETWORK ROLES (INCLUDING CFO, COO, CAO).

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	CHANGE IN PENSION LIABILITY 15,216,405 CHANGE IN INTEREST IN RELATED FOUNDATIONS 13,525,0 01 TEMPORARILY RESTRICTED CASH DONATIONS 3,274,250 OTHER CHANGES IN UNRESTRICTED NET ASS ETS (4,793,781) TOTAL TO FORM 990, PART XI, LINE 9 27,221,875



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PEACEHEALTH

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

91-0939479

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> RB AMBULATORY SURGERY CENTER  3355 RIVERBEND DR SPRINGFIELD, OR 97477 20-5575145	MEDICAL	OR	HEALTH VENTURES	RELATED	774,608	2,154,624		No	0	Yes		51 830 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> COLUMBIA UNITED PROVIDERS  PO BOX 87400 VANCOUVER, WA 98687 91-1624736	MEDICAID CARE	WA	PH Networks	C Corp	0	248,742	92 000 %		No
<b>(2)</b> POOLED INCOME FUND OF PEACEHEALTH #1  1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME	WA	PEACEHEALTH	Trust	815,503	10,336,245	100 000 %	Yes	
<b>(3)</b> WHATCOM REGION POOLED INCOME FUND  1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME	WA	PEACEHEALTH	Trust	182,992	3,628,932	100 000 %	Yes	
<b>(4)</b> LOWER COLUMBIA REGION POOLED INCOME FUND  1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME	WA	PEACEHEALTH	Trust	88,132	1,875,567	100 000 %	Yes	
<b>(5)</b> OREGON REGION POOLED INCOME FUND  1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME	WA	PEACEHEALTH	Trust	80,907	5,989,613	100 000 %	Yes	
<b>(6)</b> SIUSLAW REGION POOLED INCOME FUND  1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME	WA	PEACEHEALTH	Trust	79,564	1,974,832	100 000 %	Yes	
<b>(7)</b> SOUTHWEST REGION POOLED INCOME FUND  1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME	WA	PEACEHEALTH	Trust	164,120	5,029,007	100 000 %	Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>	Yes	

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

See Additional Data Table

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

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.

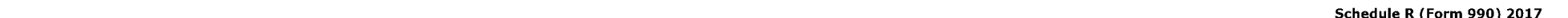
[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV	COLUMBIA UNITED PROVIDERS FILED FOR DISSOLUTION ON APRIL 22, 2016. THE ORGANIZATION WAS GRANTED APPROVAL TO SURRENDER ITS CERTIFICATE OF AUTHORITY WITH THE OFFICE OF INSURANCE COMMISSIONER EFFECTIVE APRIL 30, 2017.

Return Reference	Explanation
SCHEDULE R, PART IV	<p>SPLIT INTEREST TRUSTS DISCLOSURE PEACEHEALTH HAS FORMED SEVERAL SPLIT INTEREST TRUSTS THE TRUSTS ARE LISTED AS POOLED INCOME FUNDS ON THE SCHEDULE R, PART IV THESE ENTITIES ACQUIRED PROPERTY FROM PEACEHEALTH IN SALE LEASE-BACK TRANSACTIONS CREATING A CAPITAL LEASE OBLIGATION DURING THE YEAR A SERIES OF TRANSACTIONS OCCURRED BETWEEN PEACEHEALTH AND THE SPLIT INTEREST TRUSTS INCLUDING 1) \$2 2 MILLION IN RENT PAYMENTS FROM PEACEHEALTH TO THE SPLIT INTEREST TRUSTS, AND 2) SPLIT INTEREST TRUSTS MADE \$738,180 INTEREST PAYMENTS ON DEBT TO PEACEHEALTH AS OF 06/30/2018, THE SPLIT INTEREST TRUSTS HAVE A LIABILITY TO THE DONORS OF CERTAIN INTERESTED PERSONS AND OTHERS ENGAGED IN TRANSACTIONS WITH THE SPLIT INTEREST TRUSTS DURING THE CURRENT FISCAL YEAR THESE INDIVIDUALS CONTRIBUTED NO MONEY TO THE SPLIT INTEREST TRUSTS THE SPLIT INTEREST TRUSTS PAID IN AGGREGATE TO THESE INDIVIDUALS \$110,526 UPON THE DEATH OF THE INDIVIDUAL, AND OR THEIR SUCCESSOR, THEIR OWNERSHIP INTERESTS IN THESE SPLIT INTEREST TRUSTS WILL REVERT BACK TO PEACEHEALTH</p>



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1350776	HEALTHCARE JV	WA	501(C)(3)	12A, I	PEACEHEALTH	Yes	
1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1230425	SUPPORT	WA	501(C)(3)	12B,II	NA		No
PO BOX 1600 VANCOUVER, WA 98668 91-1231436	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	
3100 TONGASS AVENUE KETCHIKAN, AK 99901 65-1225184	FUNDRAISING	AK	501(C)(3)	7	PEACEHEALTH	Yes	
1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424 93-0688381	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
400 NINTH STREET FLORENCE, OR 97439 93-1084126	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
PO BOX 10905 EUGENE, OR 97440 93-6026548	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
1615 DELAWARE ST PO BOX 3002 LONGVIEW, WA 98632 91-1538852	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	
2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225 72-1545902	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
COLUMBIA UNITED PROVIDERS PO BOX 87400 VANCOUVER, WA 98687 91-1624736	MEDICAID CARE	WA	PH Networks	C Corp	0	248,742	92 000 %		No
POOLED INCOME FUND OF PEACEHEALTH #1 1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME	WA	PEACEHEALTH	Trust	815,503	10,336,245	100 000 %	Yes	
WHATCOM REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME	WA	PEACEHEALTH	Trust	182,992	3,628,932	100 000 %	Yes	
LOWER COLUMBIA REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME	WA	PEACEHEALTH	Trust	88,132	1,875,567	100 000 %	Yes	
OREGON REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME	WA	PEACEHEALTH	Trust	80,907	5,989,613	100 000 %	Yes	
SIUSLAW REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME	WA	PEACEHEALTH	Trust	79,564	1,974,832	100 000 %	Yes	
SOUTHWEST REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME	WA	PEACEHEALTH	Trust	164,120	5,029,007	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HEALTH VENTURES	c	9,900,000	AT COST
HEALTH VENTURES	l	34,800	AT COST
PEACEHEALTH POOLED INCOME FUNDS	r	1,604,169	AT COST
PEACEHEALTH POOLED INCOME FUNDS	s	738,180	AT COST
RELATED FOUNDATIONS	c	56,613	AT COST
RELATED FOUNDATIONS	n	144,914	AT COST
RELATED FOUNDATIONS	o	3,283,309	AT COST
RELATED FOUNDATIONS	p	1,163,072	AT COST
COLUMBIA UNITED PROVIDERS	l	132,262	AT COST