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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021

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

**C** Name of organization
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2801 N GANTENBEIN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97227

**D Employer identification number**
93-0386823

**E** Telephone number
(503) 415-5600

**G** Gross receipts $ 1,001,853,056

**F** Name and address of principal officer:
KATHRYN CORREIA
2801 N GANTENBEIN AVENUE
PORTLAND, OR 97227

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
**H(c)** Group exemption number ▶

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

**J Website: ▶** WWW.LEGACYHEALTH.ORG

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

**L** Year of formation: 1912

**M** State of legal domicile: OR

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
Legacy Emanuel Hospital & Health Center (LEHHC), established in 1912, provides a comprehensive range of inpatient, clinical and diagnostic services in numerous medical specialties and subspecialties. LEHHC is part of Legacy Health.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 246 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 19,712,110 |
| b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| **Revenue** | 8 | Contributions and grants (Part VIII, line 1h) | 10,828,722 | 11,863,367 |
| | 9 | Program service revenue (Part VIII, line 2g) | 960,548,891 | 981,369,284 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 6,021,386 | 8,496,438 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,753 | 28,651 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 977,412,752 | 1,001,757,740 |
| **Expenses** | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 95,070 | 67,300 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 634,376,251 | 645,691,667 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 392,142,943 | 406,446,401 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,026,614,264 | 1,052,205,368 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -49,201,512 | -50,447,628 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| **Net Assets or Fund Balances** | 20 | Total assets (Part X, line 16) | 440,911,107 | 683,060,442 |
| | 21 | Total liabilities (Part X, line 26) | 467,951,380 | 529,687,053 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | -27,040,273 | 153,373,389 |

## Part II Signature Block

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

**Sign Here**

****** | 2022-02-15
Signature of officer | Date

ANNA L LOOMIS CFO & TREASURER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Legacy Emanuel Hospital & Health Center(LEHHC), established in 1912, provides acute and tertiary care in northeast Portland, with 554 licensed beds. LEHHC operates Randall Children's hospital, Level I Trauma Center, the Oregon Burn Center and high-risk obstetric services including a Level III NICU. LEHHC provides a comprehensive range of inpatient, clinical and diagnostic services in numerous medical specialties and subspecialties. LEHHC is part of Legacy Health (Legacy).Our mission:Our legacy is good health for our people, our patients, our communities, and our world. We will work as a team to demonstrate our values:Respect - Treat all people with respect and compassion Service - Put the needs of our patients and their families first Quality - Deliver outstanding clinical services within healing environments Excellence - Set high standards and achieve them Responsibility - Be good stewards of our resources, ensuring access to care for all Innovation - Be progressive in our thinking an

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

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

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

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

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

**4a** (Code: ) (Expenses $ 628,259,538 including grants of $ 67,300 ) (Revenue $ 743,697,775 )

See Additional Data

**4b** (Code: ) (Expenses $ 161,131,932 including grants of $ ) (Revenue $ 117,148,378 )

See Additional Data

**4c** (Code: ) (Expenses $ 71,512,181 including grants of $ ) (Revenue $ 71,344,923 )

See Additional Data

**4d** Other program services (Describe in Schedule O.)

(Expenses $ 37,606,125 including grants of $ ) (Revenue $ 49,178,209 )

**4e** **Total program service expenses ▶** 898,509,776

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | |
| 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 | | No |

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

| | | | | | | |
|---|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 0 | | | |
| **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** | | |
| **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: ▶<br>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** | 0 | | | |
| **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** | | No |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | | No |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | | | **16** | | No |

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year | **1a** 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** 13 | | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | Yes | |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | Yes | |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

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

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

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed▶ OR

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ANNA LOOMIS 1919 NW LOVEJOY STREET PORTLAND, OR 97209 (503) 415-5600

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d Total (add lines 1b and 1c)** ▶ | 14,203,304 | 8,299,983 | 2,307,810 |

**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 ▶ 1,427

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| TRAUMA SPECIALISTS LLP<br><br>1620 SW TAYLOR<br>PORTLAND, OR 97205 | MEDICAL SERVICES | 7,913,697 |
| BLOODWORKS NORTHWEST<br><br>921 TERRY AVE<br>SEATTLE, WA 98104 | MEDICAL SERVICES | 3,642,586 |
| ASSOCIATED REGIONAL & UNIVERSITY PATHOLOGISTS<br><br>3181 SW SAM JACKSON PARK RD<br>PORTLAND, OR 97239 | LABORATORY SERVICES | 2,761,546 |
| OREGON HEALTH & SCIENCE UNIVERSITY<br><br>3181 SW SAM JACKSON PARK RD<br>PORTLAND, OR 97239 | MEDICAL SERVICES | 2,742,207 |
| NBBJ LP<br><br>310 SW 4TH AVE STE 900<br>PORTLAND, OR 97204 | ARCHITECTURE & DESIGN | 1,618,583 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 57

**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 | 5,516,815 | | | | |
| e Government grants (contributions) | 1e | 6,315,315 | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 31,237 | | | | |
| g Noncash contributions included in lines 1a - 1f:$ | 1g | | | | | |
| h **Total.** Add lines 1a-1f . . . . . . . . ▶ | | | 11,863,367 | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2a LAB, PHARMACY, ETC | | | 49,178,209 | 29,466,099 | 19,712,110 | |
| b PATIENT PROGRAM REV | | | 713,823,267 | 713,823,267 | | |
| c PHYSICIANS | | | 27,604,066 | 27,604,066 | | |
| d REVENUE CLINICS | | | 117,148,378 | 117,148,378 | | |
| e UNITY | | | 71,013,819 | 71,013,819 | | |
| f All other program service revenue. | | | 2,601,545 | | | 2,601,545 |
| g **Total.** Add lines 2a–2f. . . . . ▶ | | | 981,369,284 | | | |

| **Other Revenue** | (i) | (ii) | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶ | | | 8,573,318 | | | 8,573,318 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | |
| 5 Royalties . . . . . . . . . . . . . ▶ | | | 0 | | | |
| | (i) Real | (ii) Personal | | | | |
| 6a Gross rents (6a) | 47,087 | | | | | |
| b Less: rental expenses (6b) | 18,436 | | | | | |
| c Rental income or (loss) (6c) | 28,651 | | | | | |
| d Net rental income or (loss) . . . . . . . . ▶ | | | 28,651 | | | 28,651 |
| | (i) Securities | (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory (7a) | | | | | | |
| b Less: cost or other basis and sales expenses (7b) | | 76,880 | | | | |
| c Gain or (loss) (7c) | | -76,880 | | | | |
| d Net gain or (loss) . . . . . . . . . . . ▶ | | | -76,880 | | | -76,880 |
| 8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 . . . . (8a) | | | | | | |
| b Less: direct expenses . . . (8b) | | | | | | |
| c Net income or (loss) from fundraising events . . ▶ | | | 0 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 . . . (9a) | | | | | | |
| b Less: direct expenses . . . (9b) | | | | | | |
| c Net income or (loss) from gaming activities . . ▶ | | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances . . (10a) | | | | | | |
| b Less: cost of goods sold . . (10b) | | | | | | |
| c Net income or (loss) from sales of inventory . . ▶ | | | 0 | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue . . . . | | | | | | |
| e **Total.** Add lines 11a–11d . . . . . . . ▶ | | | 0 | | | |
| 12 **Total revenue.** See instructions . . . . . ▶ | | | 1,001,757,740 | 959,055,629 | 19,712,110 | 11,126,634 |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 24,300 | 24,300 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 43,000 | 43,000 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,895,905 | 6,304,566 | 591,339 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 503,353,281 | 468,552,299 | 34,800,982 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 28,043,339 | 26,263,227 | 1,780,112 | |
| 9 Other employee benefits | 69,866,579 | 64,022,328 | 5,844,251 | |
| 10 Payroll taxes | 37,532,563 | 35,055,457 | 2,477,106 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 499,233 | 439,056 | 60,177 | |
| c Accounting | 0 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 22,790,632 | 22,790,632 | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 146,101,411 | 143,080,061 | 3,021,350 | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 9,878,204 | 9,102,677 | 775,527 | |
| 17 Travel | 222,309 | 216,906 | 5,403 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 8,524,895 | 7,497,306 | 1,027,589 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 30,838,004 | 27,210,275 | 3,627,729 | |
| 23 Insurance | 12,230,272 | 11,205,833 | 1,024,439 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ADMINISTRATIVE SERVICES FEES | 105,230,668 | 7,028,080 | 98,202,588 | |
| b PROVIDER TAX | 40,906,322 | 40,906,322 | | |
| c BAD DEBTS | 28,181,209 | 28,181,209 | | |
| d CONSULTING | 1,043,242 | 586,242 | 457,000 | |
| e All other expenses | 0 | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,052,205,368 | 898,509,776 | 153,695,592 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

**Part X** **Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| **Assets** | 1 | Cash–non-interest-bearing | -2,089,448 | 1 | -2,433,176 |
| | 2 | Savings and temporary cash investments | | 2 | 235,000,000 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | 145,808,217 | 4 | 165,166,864 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | 0 |
| | 7 | Notes and loans receivable, net | 1,475,740 | 7 | 1,203,187 |
| | 8 | Inventories for sale or use | 10,822,577 | 8 | 10,388,279 |
| | 9 | Prepaid expenses and deferred charges | 825,229 | 9 | 846,353 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 842,798,132 | | | |
| | b | Less: accumulated depreciation — 10b: 442,937,961 | 371,358,607 | 10c | 399,860,171 |
| | 11 | Investments—publicly traded securities | | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | -126,618,122 | 12 | -126,971,236 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 39,328,307 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 440,911,107 | 16 | 683,060,442 |
| **Liabilities** | 17 | Accounts payable and accrued expenses | 97,900,821 | 17 | 156,550,217 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 370,050,559 | 25 | 373,136,836 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 467,951,380 | 26 | 529,687,053 |
| **Net Assets or Fund Balances** | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | -29,985,414 | 27 | 150,387,119 |
| | 28 | Net assets with donor restrictions | 2,945,141 | 28 | 2,986,270 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | -27,040,273 | 32 | 153,373,389 |
| | 33 | Total liabilities and net assets/fund balances | 440,911,107 | 33 | 683,060,442 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,001,757,740 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,052,205,368 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -50,447,628 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -27,040,273 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 230,861,290 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 153,373,389 |

## Part XII Financial Statements and Reporting

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

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

# Additional Data

**Software ID:** 20011551
**Software Version:** 2020v4.0
**EIN:** 93-0386823
**Name:** LEGACY EMANUEL HOSPITAL & HEALTH CENTER

Form 990 (2020)

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

LEHHC provides a comprehensive range of inpatient, clinical and diagnostic services in numerous medical specialties and subspecialties. LEHHC provides training for interns and residents through its nationally accredited graduate medical education program. LEHHC operates primary care teaching clinics at LEHHC and in St. Helens, located approximately 30 miles from the main LEHHC campus. In addition to its core hospital services, LEHHC provides related health services through the following programs:The Randall Children's Hospital; Legacy Research; Legacy Laboratory Services, LLC(Lab); Legacy Metro Lab; Unity Center for Behavioral HealthThe Randall Children's Hospital at Legacy Emanuel is a full-service children's hospital within LEHHC committed to providing care in an environment sensitive to the special needs of children and their families, including premature and critically ill newborns. The Randall Children's Hospital treats children from throughout Oregon, southwest Washington, Alaska and Idaho.Legacy Research is a full-service research facility that supports a wide range of research activity. Legacy Research collaborates with pharmaceutical, biotechnology and medical device companies. Legacy Research is located in northeast Portland (Holladay Park campus).LEHHC is one of four members of an emergency air transport service joint venture, Life Flight Network LLC, which serves Oregon and southwest Washington.In support of its mission, LEHHC voluntarily provides medically necessary patient care services that are discounted or free of charge to persons who have insufficient resources and/or who are uninsured. During fiscal year 2021, LEHHC provided financial assistance on approximately 13,809 patient accounts (of which about 2,159 accounts received discounts totaling 100% of costs) and resulted in LEHHC incurring roughly $16,561,600 in uncompensated costs associated with this program. In addition to charity care, LEHHC provides services under various states' Medicaid programs for financially needy patients, Medicare beneficiaries, and other government programs for which the cost of treating these patients exceeds the government payments received. During fiscal year 2021, LEHHC incurred approximately $158,246,560, $89,876,430 and $4,338,700 in uncompensated costs attributable to Medicaid, Medicare, and other government programs, respectively. LEHHC also provides a variety of other community benefit activities such as medical education, donations to other charitable entities, research, and other health improvement services which totaled roughly $16,692,700 during fiscal year 2021.LEHHC is part of Legacy, which collectively provided over $42 million, $258 million, $191 million, and $7 million in uncompensated care attributable to its financial assistance, Medicaid, Medicare, and other government programs, respectively, in fiscal year 2021.

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

LEHHC is the sole member of Legacy Clinics, LLC, an Oregon limited liability company, which operates over seventy primary care and specialty clinic sites across the Portland-Vancouver Metropolitan area as well as to the Mid-Willamette Valley since the affiliation of Silverton Health with Legacy. In addition, Legacy Clinics operates the hospitalist and intensivist programs at the four Legacy Health Oregon hospitals.

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

Unity Center for Behavioral Health is a 24 hour behavioral and mental health services center located on Legacy's Holladay Park campus. It is a partnership between Legacy Health, Adventist Health, Kaiser Permanente and OHSU that provides immediate psychiatric care. It has 85 adult beds, 22 adolecent beds, 50 short term spaces as well as calming and therapy rooms.

## 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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| MONICA C WEHBY MD<br>PED NEUROSURGEON | 40.00<br>0.00 | | | | | | | 3,651,520 | 0 | 181,088 |
| KATHRYN CORREIA<br>President & CEO | 0.00<br>40.00 | X | | X | | | | 0 | 1,828,174 | 62,132 |
| JOHN P IGUIDBASHIAN MD<br>CARDIO SURGEON | 40.00<br>0.00 | | | | | | | 978,252 | 0 | 153,464 |
| TRENT S GREEN<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 984,100 | 78,481 |
| ANNA LOOMIS<br>CFO & TREASURER | 0.00<br>40.00 | X | | X | | | | 0 | 945,032 | 46,582 |
| NAVEEN SACHDEV MD<br>CARDIOLOGIST | 40.00<br>0.00 | | | | | | | 940,035 | 0 | 42,780 |
| ARLAN H MINTZ MD<br>MEDICAL DIRECTOR | 40.00<br>0.00 | | | | | | | 824,533 | 0 | 41,610 |
| BRYCE R HELGERSON<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 738,723 | 104,095 |
| AMISH J DESAI MD<br>CARDIOLOGIST | 40.00<br>0.00 | | | | | | | 790,829 | 0 | 33,260 |
| LEWIS L LOW MD<br>SR VP | 40.00<br>40.00 | | | | | | | 115,189 | 631,731 | 69,163 |

**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) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| JOHN J KENAGY<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 676,875 | 88,776 |
| BRIAN P YOUNG MD<br>VP | 40.00<br>0.00 | | | | | | | 619,692 | 0 | 107,234 |
| SONJA O STEVES<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 574,772 | 127,479 |
| GRETCHEN M NICHOLS<br>HOSPITAL PRESIDENT | 40.00<br>0.00 | | | | | | | 632,995 | 0 | 57,166 |
| MOLLY F BURCHELL MD<br>VP | 40.00<br>0.00 | | | | | | | 550,468 | 0 | 136,174 |
| DUNCAN R NEILSON MD<br>VP | 40.00<br>0.00 | | | | | | | 583,540 | 0 | 85,527 |
| BRONWYN J HOUSTON<br>PRESIDENT CHILDREN'S HOSPITAL | 40.00<br>0.00 | | | | | | | 537,961 | 0 | 80,278 |
| MELINDA J MULLER MD<br>SR VP INTERIM | 0.00<br>40.00 | | | | | | | 0 | 507,985 | 108,917 |
| ROBERT E DEWITT<br>FORMER SR. VP & SECRETARY | 0.00<br>0.00 | | | | | | | 504,774 | 0 | 18,636 |
| CATHERINE J MARKIN<br>VP | 40.00<br>0.00 | | | | | | | 451,307 | 0 | 59,235 |

## 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 | | | |
| LORI FARRELL MD<br>VP | 40.00<br>0.00 | | | | | | | 415,717 | 0 | 60,131 |
| ANITA N IYENGER<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 410,454 | 60,096 |
| MAUREEN A BRADLEY<br>SR VP | 0.00<br>40.00 | | | | | | | 0 | 388,955 | 73,838 |
| CAROL BRADLEY<br>FORMER SR. VP | 0.00<br>0.00 | | | | | | | 406,321 | 0 | 31,375 |
| ANNE T GREER<br>Secretary | 0.00<br>40.00 | X | | X | | | | 0 | 353,676 | 60,712 |
| CYNTHIA HILL RN<br>VP | 40.00<br>0.00 | | | | | | | 340,685 | 0 | 69,162 |
| MELISSA L ECKSTEIN<br>UCBH PRESIDENT | 40.00<br>0.00 | | | | | | | 342,403 | 0 | 25,968 |
| JOSEPH FRASCELLA<br>VP | 40.00<br>0.00 | | | | | | | 327,171 | 0 | 32,978 |
| JONATHAN HILL MD<br>BOARD DIRECTOR | 40.00<br>3.00 | X | | | | | | 296,477 | 0 | 37,731 |
| DONALD A TOUSSAINT<br>VP | 40.00<br>0.00 | | | | | | | 263,596 | 0 | 55,195 |

## 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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| STACY L YOUNGS RN<br>VP | 40.00<br>40.00 | | | | | | | 107,043 | 114,098 | 52,883 |
| KARI M HOWARD RN<br>VP | 40.00<br>0.00 | | | | | | | 209,048 | 0 | 31,955 |
| LESLIE ROOT MD<br>BOARD DIRECTOR | 40.00<br>3.00 | X | | | | | | 201,390 | 0 | 26,242 |
| IYDA M ANTONY<br>VP | 40.00<br>0.00 | | | | | | | 112,358 | 0 | 7,467 |
| CHARLES WILHOITE<br>Chairman | 4.00<br>0.00 | X | | X | | | | 0 | 22,500 | 0 |
| DAVID RAMUS<br>VICE CHAIR | 4.00<br>0.00 | X | | X | | | | 0 | 17,500 | 0 |
| GAYLE GOSCHIE<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 12,500 | 0 |
| NANCY R LOCKE<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 12,500 | 0 |
| LYNN T GUST<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 12,500 | 0 |
| JEFFREY BARBER<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,908 | 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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| EDGAR NAVAS<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| JEFFREY D FULLMAN MD<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| PATRICK REITEN<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| JERRY D PETTY<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| NANCY HORTON<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| LISA FREEDMAN<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| SAMIR DESAI MD<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| JACK A FRIEDMAN<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 7,500 | 0 |
| BISHOP DIANA AKIYAMA<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| BISHOP LAURIE LARSON CAESAR<br>BOARD DIRECTOR | 3.00<br>0.00 | X | | | | | | 0 | 0 | 0 |

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2020**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . . **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | | | | | | |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . . . . . . ▶ ☐

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

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . | 15 | |
| 16 | Public support percentage from 2019 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . | 16 | |

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

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f)) . . . . . . | 17 | |
| 18 | Investment income percentage from **2019** Schedule A, Part III, line 17 . . . . . . . . . . . . . . | 18 | |

19a **331/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | **1** | | |
| **2** | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | **2** | | |
| **3a** | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | **3a** | | |
| **b** | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.* | **3b** | | |
| **c** | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.* | **3c** | | |
| **4a** | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | **4a** | | |
| **b** | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | **4b** | | |
| **c** | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | **4c** | | |
| **5a** | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | **5a** | | |
| **b** | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | **5b** | | |
| **c** | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | **5c** | | |
| **6** | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.*** | **6** | | |
| **7** | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .* | **7** | | |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | **8** | | |
| **9a** | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.*** | **9a** | | |
| **b** | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.*** | **9b** | | |
| **c** | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.*** | **9c** | | |
| **10a** | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | **10a** | | |
| **b** | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | **10b** | | |

**Part IV Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in 11a above? | 11b | | |
| c | A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer lines 2a and 2b below.** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| b | Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer lines 3a and 3b below.** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No" provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | 3b | | |

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

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

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

| | **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| | **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***) | **5** | |
| **6** Other distributions (*describe in **Part VI***). See instructions | **6** | |
| **7** **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions | **8** | |
| **9** Distributable amount for 2020 from Section C, line 6 | **9** | |
| **10** Line 8 amount divided by Line 9 amount | **10** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2020** | **(iii) Distributable Amount for 2020** |
|---|---|---|---|
| **1** Distributable amount for 2020 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in **Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2020: | | | |
| **a** From 2015. . . . . . . . | | | |
| **b** From 2016. . . . . . . . | | | |
| **c** From 2017. . . . . . . . | | | |
| **d** From 2018. . . . . . . . | | | |
| **e** From 2019. . . . . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2020 distributable amount | | | |
| **i** Carryover from 2015 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2020 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2020 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in **Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in **Part VI***. See instructions. | | | |
| **7** **Excess distributions carryover to 2021.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2016. . . . . | | | |
| **b** Excess from 2017. . . . . | | | |
| **c** Excess from 2018. . . . . | | | |
| **d** Excess from 2019. . . . . | | | |
| **e** Excess from 2020. . . . . | | | |

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of the organization | Employer identification number |
|---|---|
| LEGACY EMANUEL HOSPITAL & HEALTH CENTER | 93-0386823 |

## 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) | 26,183 | 259,692 |
| **c** Total lobbying expenditures (add lines 1a and 1b) | 26,183 | 259,692 |
| **d** Other exempt purpose expenditures | 924,339,988 | 1,280,790,571 |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | 924,366,171 | 1,281,050,263 |
| **f** Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | 1,000,000 |

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

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 250,000 |
| **h** Subtract line 1g from line 1a. If zero or less, enter -0-. | | |
| **i** Subtract line 1f from line 1c. If zero or less, enter -0-. | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2017 | **(b)** 2018 | **(c)** 2019 | **(d)** 2020 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 8,000,000 |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 12,000,000 |
| **c** Total lobbying expenditures | 296,586 | 316,588 | 402,167 | 285,875 | 1,301,216 |
| **d** Grassroots nontaxable amount | 500,000 | 500,000 | 500,000 | 500,000 | 2,000,000 |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 3,000,000 |
| **f** Grassroots lobbying expenditures | | | | | |

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

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

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV** **Supplemental Information**

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

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

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| LEGACY EMANUEL HOSPITAL & HEALTH CENTER | 93-0386823 |

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year . . . . . . . . . | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year . . . . . . . . | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements . . . . . . . . . . . . . . . . . . . . . | 2a | |
| b | Total acreage restricted by conservation easements . . . . . . . . . . . . . . . . . . . | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) . . . . . | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____

4 Number of states where property subject to conservation easement is located ▶ ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . . . . . . ▶ $ ____

b Assets included in Form 990, Part X . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ $ ____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ..........

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | | Amount |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 8,124,357 | 12,842,883 | 11,474,882 | 11,633,427 | 12,262,567 |
| b Contributions | 2,969,206 | 1,324,334 | 2,255,825 | 833,253 | 1,125,971 |
| c Net investment earnings, gains, and losses | 296,673 | 18,177 | 108,358 | 360,479 | 314,161 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,690,371 | 6,061,037 | 996,178 | 1,352,282 | 2,069,270 |
| f Administrative expenses | | | | | |
| g End of year balance | 8,699,865 | 8,124,357 | 12,842,887 | 11,474,877 | 11,633,429 |

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

a Board designated or quasi-endowment ▶ 5.000 %

b Permanent endowment ▶ 7.000 %

c Term endowment ▶ 88.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations | 3a(i) | | No |
| (ii) Related organizations | 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes | |

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

**Part VI** **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" 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 | | 4,616,051 | | 4,616,051 |
| b Buildings | | 444,588,322 | 233,917,973 | 210,670,349 |
| c Leasehold improvements | | 9,382,091 | 4,581,263 | 4,800,828 |
| d Equipment | | 248,675,225 | 204,438,725 | 44,236,500 |
| e Other | | 135,536,443 | | 135,536,443 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 399,860,171 |

**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 | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **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) | | |
| (10) | | |
| **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) | |
| (10) | |
| **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 | |
| (2) CONTRACT PAYABLE | 3,852,903 |
| (3) I/C AFFILIATE DEBT | 366,573,084 |
| (4) NONCURRENT ENVIRONMENTAL OBLIGATION | 1,371,785 |
| (5) NONCURRENT WORKERS' COMP LIABILITY | 1,339,062 |
| (6) Rounding | 2 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 373,136,836 |

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 956,083,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 956,083,000 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 45,674,740 | | |
| c | Add lines **4a** and **4b** | | | 4c | 45,674,740 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 1,001,757,740 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,007,401,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,007,401,000 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 44,804,368 | | |
| c | Add lines **4a** and **4b** | | | 4c | 44,804,368 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 1,052,205,368 |

## 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:** 20011551
**Software Version:** 2020v4.0
**EIN:** 93-0386823
**Name:** LEGACY EMANUEL HOSPITAL & HEALTH CENTER

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part V, Line 4: Intended uses of the endowment fund. | Endowment funds disclosed in Part V are used to improve the healthcare of the community as designated by the donors. Legacy Health Foundation (LHF) and Randall Children's Hospital Foundation (RCHF) maintains all charitable gifts including endowment funds for the benefit of LEHHC and it's programs. Income from permanently restricted net assets is accounted fo r in accordance with the donors' instructions.Legacy follows the guidance in the Uniform P rudent Management of Institutional Funds Act (UPMIFA) in determining the net asset classif ication of all donor-restricted endowment funds. In accordance with UPMIFA and board polic y, assets classified as permanent endowments in accordance with donor intent are only util ized for current period expenditures to the extent that earnings on the endowment exceed t he original fair value of the donation. To the extent earnings on endowment funds exceed i dentified expenditures on which to apply those earnings, the earnings are classified as te mporarily restricted net assets. Legacy has adopted investment and spending policies for e ndowment assets to provide a predictable stream of funding to programs supported by its en dowment and to maintain the value of the endowment assets. Asset allocation is reviewed qu arterly with respect to: i) Legacy's tolerance for risk based on its financial condition a nd need for cash from investments to support operations; ii) expected asset class return, risk and correlation characteristics; iii) changes in accounting guidance or tax law and i v) changes in bond covenants or other restrictions.Legacy's spending practices are intende d to comply with donor's wishes and meet all applicable laws and regulations. Spending mus t be for a purpose that is consistent with the documented intent of the donor, and may not exceed the amounts annually determined by Legacy. Factors that are considered in addressi ng the annual spending allocation are: i) market value of the fund relative to the princip al of the gift and ii) the level of spending in prior years.From time to time, the fair va lue of assets associated with individual donor-restricted endowment funds may fall below t he level that the donor or UPMIFA requires Legacy to retain as a fund of perpetual duratio n. Deficiencies of this nature are reported as a reduction to unrestricted net assets and are excluded from the performance indicator. |

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S | REVENUE FROM RESEARCH $10642202 OTHER RECLASS OF REV/EXP FOR TAX PURPOSE $34486602 MEDICAL STAFF INCOME $545975 ROUNDING $-39 |

## Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S | EXPENSE FROM RESEARCH $10601075 OTHER RECLASS OF REV/EXP FOR TAX PURPOSE $34148852 MEDICAL STAFF EXPENSE $316989 ELIMINATE EQUIPMENT DONATIONS $-262320 ROUNDING $-228 |

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

## 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.<br>☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ 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 | |
| | ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000 % | | | |
| 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 | |
| | ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ 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 | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | | 16,561,606 | | 16,561,606 | 1.570 % |
| b Medicaid (from Worksheet 3, column a) | | | 335,323,338 | 177,076,780 | 158,246,558 | 15.040 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 14,432,864 | 10,094,157 | 4,338,707 | 0.410 % |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 366,317,808 | 187,170,937 | 179,146,871 | 17.020 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,210,576 | 143,575 | 1,067,001 | 0.100 % |
| f Health professions education (from Worksheet 5) | | | 9,519,221 | 3,990,202 | 5,529,019 | 0.530 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | 8,699,682 | | 8,699,682 | 0.830 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,397,004 | | 1,397,004 | 0.130 % |
| j **Total.** Other Benefits | | | 20,826,483 | 4,133,777 | 16,692,706 | 1.590 % |
| k **Total.** Add lines 7d and 7j | | | 387,144,291 | 191,304,714 | 195,839,577 | 18.610 % |

**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 |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

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

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | 1 | | No |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 28,181,209 | | |
| 3 | 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. | 3 | 20,008,658 | | |
| 4 | 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**

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 68,544,090 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 85,451,761 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -16,907,671 |

8 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:

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

**Section C. Collection Practices**

| | | | Yes | No |
|---|---|---|---|---|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| 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 | 9b | Yes | |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**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? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**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)

**Name of hospital facility or letter of facility reporting group** LEGACY EMANUEL HOSP & HEALTH

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

| | | | Yes | No |
|---|---|---|---|---|
| | **Community Health Needs Assessment** | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | 2 | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a | ☑ A definition of the community served by the hospital facility | | | |
| b | ☑ Demographics of the community | | | |
| c | ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☑ How data was obtained | | | |
| e | ☑ The significant health needs of the community | | | |
| f | ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☑ The process for consulting with persons representing the community's interests | | | |
| i | ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 20 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C. | 6b | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| a | ☑ Hospital facility's website (list url): www.legacyhealth.org | | | |
| b | ☐ Other website (list url): | | | |
| c | ☐ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url): www.legacyhealth.org | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | No |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | 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)**

**Name of hospital facility or letter of facility reporting group** LEGACY EMANUEL HOSP & HEALTH

| | | | Yes | No |
|---|---|---|---|---|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| | a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 % | | | |
| | b ☑ Income level other than FPG (describe in Section C) | | | |
| | c ☑ Asset level | | | |
| | d ☑ Medical indigency | | | |
| | e ☑ Insurance status | | | |
| | f ☑ Underinsurance discount | | | |
| | g ☐ Residency | | | |
| | h ☐ Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| | a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| | b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| | c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| | d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| | e ☐ Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| | a ☑ The FAP was widely available on a website (list url): www.legacyhealth.org | | | |
| | b ☑ The FAP application form was widely available on a website (list url): www.legacyhealth.org | | | |
| | c ☑ A plain language summary of the FAP was widely available on a website (list url): www.legacyhealth.org | | | |
| | d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| | e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| | f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| | g ☑ 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 | | | |
| | h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| | i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| | j ☐ Other (describe in Section C) | | | |

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

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** LEGACY EMANUEL HOSP & HEALTH

| | | | Yes | No |
|---|---|---|---|---|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:<br>a ☐ Reporting to credit agency(ies)<br>b ☐ Selling an individual's debt to another party<br>c ☐ 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<br>d ☐ Actions that require a legal or judicial process<br>e ☐ Other similar actions (describe in Section C)<br>f ☑ None of these actions or other similar actions were permitted | | | |
| 19 | 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? | 19 | | No |
| | If "Yes," check all actions in which the hospital facility or a third party engaged:<br>a ☐ Reporting to credit agency(ies)<br>b ☐ Selling an individual's debt to another party<br>c ☐ 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<br>d ☐ Actions that require a legal or judicial process<br>e ☐ Other similar actions (describe in Section C) | | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):<br>a ☑ 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 (if not, describe in Section C)<br>b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)<br>c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)<br>d ☑ Made presumptive eligibility determinations (if not, describe in Section C)<br>e ☐ Other (describe in Section C)<br>f ☐ None of these efforts were made | | | |

**Policy Relating to Emergency Medical Care**

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

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

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

**Name of hospital facility or letter of facility reporting group** LEGACY EMANUEL HOSP & HEALTH

| | | Yes | No |
|---|---|---|---|
| **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? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **23** | | No |
| 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? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **24** | | No |
| If "Yes," explain in Section C. | | | |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

| Form and Line Reference | Explanation |
|---|---|
| See Add'l Data | |

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

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

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

| | Name and address | Type of Facility (describe) |
|---|---|---|
| **1** | Legacy Medical Clinics LLC<br>1919 NW Lovejoy Street<br>Portland, OR 97209 | Physician Clinics |
| **2** | Legacy Laboratory Services<br>1225 NE 2nd Ave<br>Portland, OR 97232 | Diagnostic Laboratory Services |
| **3** | | |
| **4** | | |
| **5** | | |
| **6** | | |
| **7** | | |
| **8** | | |
| **9** | | |
| **10** | | |

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense | LEHHC uses many different approaches to inform and educate patients on the availability of financial assistance as is described later in Part VI of Schedule H. Still, many patients do not respond to requests for information or provide appropriate documentation to benefit from financial assistance. As a result, LEHHC must report these amounts as bad debt. A portion of bad debt expense should be considered as charity care, using reasonable methodologies to analyze the information. |

# 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit | The estimated amount of bad debt expenses attributable to charity care policy was calculated using the demographic profile of household income and average household size in the zip code areas around the hospital. 71% of households in the LEHHC service area would qualify for financial assistance with incomes under 400% of the Federal Poverty Guidelines using this methodology. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 4 - Bad Debt Expense | The footnote that describes the Legacy bad debt expense can be found on page 9 of the attached audited financial statements. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 8 - Explanation Of Shortfall As Community Benefit | The entire Medicare shortfall should be considered a community benefit. Medicare shortfalls must be absorbed by the hospital in order to continue treating the elderly in the community served by the hospital. The hospital provides care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries. The Medicare amounts listed in Part III Section B. on lines 5, 6, and 7 do not represent all of the organization's revenues and costs associated with its participation in Medicare programs. The methodology used in reporting in Part III Section B Medicare is inconsistent with the other sections in Schedule H, as the instructions limit Medicare revenues and allowable cost to those from only the Medicare Cost Report. Revenue and costs from Medicare Part C patients, Part B physician services billed by the organization, and clinical laboratory services weren't included. In addition, hospitals incur other costs to provide care that Medicare does not allow in the cost report, such as Physician Call pay to ensure adequate physician coverage for the ED.The total revenues and costs attributable to all Medicare services are $163,261,757 and $253,138,189 respectively. This results in a total Medicare shortfall of $89,876,432.Costing Methodology (Part III, Line 8).Medicare allowable costs were calculated using the costing methodologies in the Medicare Cost Report. The cost report arrives at total allowable hospital cost through a cost finding process that includes direct cost allocations and a step-down allocation of indirect or overhead costs. Inpatient operating costs are composed of general inpatient routine and ICU unit costs derived from cost per diems, as well as inpatient ancillary service costs that utilize cost to charge ratios to arrive at cost. Apportionment of cost applicable to hospital outpatient services is through the application of cost to charge ratios. This excludes other costs incurred to provide services of the hospital to the community that the cost report deems as unallowable costs, such as Physician on-call pay. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | Legacy provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its financial assistance policy. Since Legacy does not pursue collection of amounts determined to qualify as charity care, they are excluded from net patient service revenues. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 2 - Needs Assessment | The described CHNA provides the primary source for assessing needs. Senior leadership, in conjunction with the Board of Directors, Community Benefit and Community Relations staff continually assess the needs of the communities it serves through a compilation of primary and secondary market research (qualitative and quantitative), medical staff input, reviewing national trends and practices, working with local foundations and funders regarding their assessments, and working with local community-based partners to understand their needs. The goal is to understand the needs and develop programs specific to the community. Involvement is both proactive and responsive - a leadership role in initiating programs as well as being readily available as a collaborative partner when the community asks. The outcome of these assessments is the development of both long-term and fiscal year plans that are supported by a yearly budget that is proposed by staff and approved by the Board of Directors. These are then aligned to the community health needs identified in the formal CHNA. The region served by LEHHC, along with most of Oregon, is experiencing significant challenges in population growth, economic development, education and health care. Recognizing that social and economic determinants impact health, LEHHC has been and will remain committed to addressing these issues to improve the health of all residents in the community, including equity among ethnically diverse populations. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Part VI, Line 3 - Patient Education of Eligibility for Assistance | LEHHC employs financial counselors and social workers that assist patients in obtaining coverage for their healthcare needs. This includes assistance with workers compensation, motor vehicle accident policies, COBRA, veterans assistance, Legacys financial assistance program, and public assistance programs, such as Medicaid. In support of its mission, Legacy Emanuel provides medically necessary patient care services that are discounted or free of charge to persons who have insufficient resources and/or who are uninsured. The criteria for charity care are determined based on eligibility for insurance coverage, household income, qualified assets, catastrophic medical events, or other information supporting a patients inability to pay for services provided. Specifically, Legacy Emanuel provides an uninsured discount of 35% to self-pay patients with no coverage. Additional discounts, on a sliding scale, are available to patients whose household income is less than 400% of the federal poverty level. For patients whose household income is at or below 300% of the federal poverty level, a full subsidy is available. In addition to the household income criteria, patients qualified assets (e.g. 25% of household assets) and other catastrophic or economic circumstances are considered in determining eligibility for charity care. In addition to financial counselors and social workers, Legacy Emanuel makes every effort to communicate its Financial Assistance Program to all patients. This includes signage in main admitting areas of the hospital and brochures explaining financial assistance in all patient care areas, translated for patients/individuals with limited English proficiency (LEP). Financial counselors are available to assist patients in understanding and applying for available resources, including the Legacy Emanuel Financial Assistance Program. Legacy Emanuels website also has information about the availability of financial assistance. Legacy Emanuel offers financial assistance customer service Monday through Friday, as well as the availability of voicemail so patients can leave confidential, detailed messages during non-business hours. Patients are encouraged to sign up for MyHealth, a secure online tool to access their medical record. Using their MyHealth account they can correspond with a financial counselor via email. Finally, all of Legacys billing statements include information regarding the availability of financial assistance. If Legacy Emanuel requires the use of a collection agency, those agencies are required to provide a telephone number that patients can call to request financial assistance.Annual education is provided to all billing and admitting staff, so they can be kept informed of and speak with knowledge about current financial assistance policies and options. Legacy Emanuel provides copies of the latest policies in main admitting areas, as well as with the hospital financial counselor, online via the website and through MyHealth.Since 2008, the four-county metro area health delivery systems (encompassing all hospitals in the area) and safety net clinics have partnered to establish a seamless, coordinated program (Project Access NOW) to provide care for the low income uninsured. This program enables low income uninsured patients to receive continuity of care in earlier stages of acuity due to the collaboration among nearly 3,000 providers and all health systems. Legacy Emanuel also contributes to Project Access NOWs Premium Assistance program, which pays the premiums for families in the region who cannot afford to make those payments on their own. |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 - Community Information | Legacy Emanuel Medical Center defines service area based on actual patient origin (ZIP cod es) and geographic location. Legacy Emanuel is located in one of the oldest neighborhoods in Portland Inner North Portland across the Willamette River slightly north of downtown. T he primary service area extends across 64 zip codes, from the Columbia River in the north to south of Highway 99E and from Walker Road and St. Helens in the west to N.E./S.E. 161st in the east. The inner primary service area includes the close-in Portland neighborhoods. Hospital service area neighborhoods and zip codes include 97005-97008 Beaverton, 97009 Bo ring, 97013 Canby, 97015 Clackamas, 97024 Fairview, 97030 Gresham, 97034-97035 Lake Oswego , 97045 Oregon City, 97051 Saint Helens, 97055 Sandy, 97056 Scappoose, 97060 Troutdale, 97 062 Tualatin, 97068 West Linn, 97070 Wilsonville, 97080 Gresham, 97086 Happy Valley, 97103 Astoria, 97116 Forest Grove, 97123-97124 Hillsboro, 97132 Newberg, 97140 Sherwood. Portla nd address include 97201-97206, 97209-97220, 97222-97225, 97227, 97229-97230, 97232-97233, 97236, 97239, 97266-97267. The most recently available demographic data is from 2021 to 2 026. When available, data at the primary service area level is used, followed by the count y (Multnomah) and then the state (Oregon). County data is used most frequently because the re is a lack of available data at the zip code level, particularly related to race and eth nicity.While ZIP codes across the metropolitan area are considered as part of Legacy Emanu els broader service area, the primary service area is within Multnomah County. The certifi ed population estimate of the primary service area for Legacy Emanuel as of July 1, 2019, was 812,855.In 2019 the LEHHC primary service area was 69.1% non-Hispanic white, 12% Hispa nic, 6% African American, 8.1% Asian, 1.4% Native American and Alaska Native, and 4.7% two or more races. The foreign-born population represents about 14.0% of total population in the area, an increase of nearly 20 percent since 2005.The African American/Black populatio n continues to be most concentrated in the historical neighborhoods of North/Northeast Por tland, but increased housing prices have resulted in the community moving increasingly to East Multnomah County. Multnomah County continues to have three to six times the percentag e population of African Americans as the other three counties. Hispanics are moving into t he service area at a higher rate than any other group. The Portland Native American commun ity is the ninth largest urban Native American population in the US. With high child pover ty and unemployment rates, the Native American community struggles across multiple indicat ors in contrast to the non-Hispanic white community. The immigrant and refugee population is increasing significantly. Recent immigrants and refugees are more likely to be cultural ly and linguistically isolated. A small but increasing African refugee population has sett led primarily in North and NE Portland and is distinct from the African American/Black pop ulation. Available data suggests that the African population is generally poorer than othe r communities.Census numbers do not adequately represent the true and changing picture of the population. More than 100 languages are spoken in the Portland public schools. Schools near LEHHC are 40% - 70% children of color made up primarily of African-American and incr easingly Hispanic students. Schools are experiencing a 50% English-as-a-Second-Language ra te and a 50-80% reduced-cost or free lunch rates.Multnomah Countys median household income (MHI) from 2015-2019 was $69,176 with 12.0 percent of the population living below the fed eral poverty level. People of color represent 30% of the overall population of Multnomah C ounty, but they represent 47% of the countys population in poverty. In Portland, Multnomah Countys largest city, groups experiencing the highest rate of poverty were Blacks (35%), Native Americans (30%), and Hispanics (28%).However, there is a much greater disparity of median per capita income between communities of color earning half the incomes of non-Hisp anic whites in Multnomah County. In Multnomah County, while non-Hispanic white median per capita income was at $36,751, Native Hawaiin/Pacific Islander had the lowest median per ca pita income at $15,905 followed by American Indian/Alaska Native at $16,534, Hispanic/Lati nosat $17,335 and African Americans at 17,805. In contrast, Asians median per capita incom e was $27,896. From 2015-2019 the overall high school graduation rate in Multnomah County was 91.5 percent. The Dignity Health and Truven Health Community Needs Index (CNI) is acce pted as the national standard in identifying communities with health disparities and compa ring relative need. CNI for the Legacy Emanuel primary service area shows highest need in proximity to Emanuel: 97203-St. Johns, 97216-Montavilla, 97218-Cully, 97220-Maywood Park, 97227-Boise-Elliott, and 97266-Lents.The LEHHC fiv |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 - Community Information | e mile primary service area includes four other tertiary hospitals. LEHHC operates a Level I trauma center and Randall Children's Hospital at Legacy Emanuel Medical Center. OHSU lo cated on the southwest side of town operates a Level 1 trauma center, a children's hospita l and has the only medical school in Portland. Providence Health operates one hospital abo ut five miles west of LEHHC and the other three miles southeast. Kaiser Permanente formerl y operated a hospital about a mile north of LEHHC; but continues to maintain a strong clin ic presence in the area.LEHHCs primary service area includes two Medically Underserved Are as (MUA): St. Johns community and SE Portland. With the long-standing income disparities i n the LEHHC area, safety net services have expanded in the last decade. Multnomah County H ealth Department operates FQHCs in many locations throughout Portland. Two blocks from Ema nuel is the site of a NARA (Native American Rehabilitation Association) FQHC. Additionally , the North by Northeast Community Health Center provides primary care for the uninsured a nd Medicaid low-income residents, primarily African-American. Legacy Emanuels internal med icine residency program operates a teaching clinic and a midwifery clinic serving the low income and often uninsured.In FY 2021, LEHHC provided about $16.5 million in charity care which accounts for 6% of total unreimbursed costs of $269 million.Legacy Emanuels charity care policy includes patients with incomes up to 400 percent of Federal Poverty Level (FPL ). |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 5 - Promotion of Community Health | Legacy Emanuel collaborates with other health care providers, community-based organizations, business and the public on projects to improve the health of the community. One example of clinically based partnerships includes, among others: CARES NW (Child Abuse Response and Evaluation Services), a collaboration among three health systems; Legacy Emanuel serves as the employer and donates the infrastructure. Additionally, the first collaborative medical initiative of its kind in the Pacific Northwest, Unity Center for Behavioral Health, is a joint effort between Adventist Health, Kaiser Permanente, Oregon Health & Science University and Legacy Health, providing psychiatric emergency services. Legacy has collaborated with more than a dozen community mental health partners in developing this new psychiatric center.Over 20 years ago, LEHHC recognized that nonprofit organizations spend valuable dollars on office space and infrastructure dollars better spent on meeting their missions. Since then LEHHC has provided free office space to some nonprofit partners, in-kind lab donations to safety net clinics in its service area and other infrastructure services to nonprofit organizations on its campus. Non-cash donations of resources include clinical and non-clinical services and items, e.g., screenings and support services, internships, information and referral services and health fairs. Legacys warehouse is open to nonprofit organizations to obtain surplus equipment and furniture. In addition, conference room space is made available to local nonprofits for Board and community meetings.As a hospital located in a high-density, inner-city neighborhood, LEHHC's security department patrols the neighborhoods as a service to those communities. Emanuel employees, local businesses and neighborhood associations collaborated to revitalize a neighboring park which was previously used for drug and other illegal activities. Since that time police incidents have decreased significantly.In 1986, nurses in Emanuel Hospitals Level I Trauma Center developed the Trauma Nurses Talk Tough (TNTT) program. The American Hospital Association awarded the TNTT program its NOVA Award. In FY21, TNTT went virtual offering all classes online to provide important safety education to all ages. On average every month TNTT offers 12 court ordered classes, two senior falls prevention classes, and multiple school, parent, and young driver safety education classes. Last year, Legacy Emanuel staff fit and distributed 900 low-cost helmets and safety gear to children, of which 70% were donated. Legacy staff members also provide new parents with training to reduce the incidences of shaken baby syndrome as well as an education and awareness program about window safety (to prevent children falling from upper stories). As a tertiary center, Legacy Emanuel provides several unique services to a four-state region (Alaska, Washington, Oregon and Idaho) such as its Level I trauma center, Randall Childrens Hospital, Oregon Burn Center, and high-risk obstetric services, including a Level III NICU. In addition, Legacy provided training for interns and residents through its nationally accredited graduate medical education program, totaling over 10,000 hours of training as a system; Legacy Emanuel provided over 15,000 of these hours. Health professions training ranged from nursing, occupational and physical therapy, and radiography to public health, lab assistant, emergency medical technician, and many others. Legacy also partners with schools to provide training and education for nursing and other health professionals.The COVID-19 pandemic continued surging across the U.S. in FY21. The pandemic presented unforeseen challenges within our communities and heightened the need for community benefit. The economic implications of COVID-19 have constrained the availability of resources and required Legacy to redirect funding and develop new strategies in response to emerging community needs. Legacy responded to the significant needs of our communities from setting up mass vaccines sites, to working with community-based organizations to repurposing grants to respond to the immediate impacts of the pandemic. Legacy joined our local health care partners to support the effort of providing safe, fast, and equitable vaccinations across our communities. Most vaccinations came through large clinics at mass vaccination sites as well as Legacy affiliate hospitals. The clinics were often run by our staff who contributed their time to support the effort. About 1,570 Legacy staff volunteered for about 8,300 shifts and contributed almost 50,000 hours across seven vaccination settings. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 6 - Affilated Health Care System | Legacy Emanuel is a subsidiary of Legacy Health (Legacy). Legacy is an integrated health system based in Portland, Oregon and primarily operates six acute care hospitals and dedicated childrens care offered at Randall Childrens Hospital at Legacy Emanuel, and related services (e.g., physician practices, hospice, preferred provider network) in the four-county metro area of Portland and SW Washington, and Marion County. In addition, Legacy Health is a collaborative partner with Unity Center for Behavioral Health.The Legacy Health Board is comprised of community and business leaders as well as representatives of the medical staff. The Legacy Emanuel medical staff is open, with physicians submitting credentialing information reviewed according to Legacy Emanuel policies and standards. While there is investment in a variety of community-based activities and programs as a part of its non-profit status, an overwhelming majority of Legacy and LEHHC's community benefit comes in the form of providing uncompensated care. Legacy's policy of providing care regardless of the ability to pay makes it one of the region's largest providers of uncompensated care in the four-county metropolitan area.As the health needs of communities surrounding our hospitals is changing, Legacy continues to identify investments for underserved populations. In FY21,grants totaling $$1.08 million were provided to community-based organizations to strengthen organizational capacity and support programs and initiatives that address health equity, access to care, behavioral health, and COVID-19 education and outreach.Recognizing that education, employment, and income inequities exist for communities of color, and that health professions are lacking in diversity, Legacy established the Health Occupation Profession and Education program (HOPE, formerly Youth Employment in Summer). Each year between 5-15 students of ethnically diverse communities receive paid summer employment in departments where they work with health professionals. Students are paid between $13-17 per hour and may work up to 400 hours during the summer. HOPE students also receive college scholarships between $3,000 and $10,000 annually. Students remain in the program if they remain in school and pursue health careers. Some students remain in the program as long as seven years and graduate with a range of degrees from imaging tech, to bachelors in nursing, to medical residents. Most students are the first in their family to go to college. While not all the HOPE students were able to work due to supplemental employment pauses due to COVID-19, we were able to provide two limited internships and provide all the HOPE students with their education scholarships.In the fall of 2018, Legacy in collaboration with Kaiser Permanente NW, PeaceHealth and Providence Health & Services came together to create the Health Systems Access to Care Fund through the Oregon Community Foundation. The goal of this fund is to strengthen the capacity and infrastructure for community clinics that are expanding and/or adapting their current models to respond to the changing needs of patient populations due to ongoing healthcare reform, Medicaid transformation, and the increasing pressure on the safety net for access to care. In 2021, eleven clinics were invited to apply and were each awarded $50,000 in funding. Clinics received training and individual technical assistance in various areas of organizational development for community supported clinics.Legacy also provided cash donations to local health and human service, education, economic development and civic organizations. Donations focus on organizations with year-round relationships through programs and board representationspecifically focused on organizations addressing disparities. A few examples include Latino Network, Ronald McDonald Charities, Free Clinic of SW Washington, Silverton Area Community Aid, Trillium Family Services, National Alliance on Mental Illness Oregon, Native American Youth and Family Center, and Basic Rights Oregon. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Part VI, Line 7 - States Filing of Community Benefit Report | OR |

## Additional Data

**Software ID:** 20011551
**Software Version:** 2020v4.0
**EIN:** 93-0386823
**Name:** LEGACY EMANUEL HOSPITAL & HEALTH CENTER

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

| **Section A. Hospital Facilities**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>Name, address, primary website address, and state license number | | 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 | LEGACY EMANUEL HOSP & HEALTH<br>2801 N GANTENBEIN AVENUE<br>PORTLAND, OR 97229<br>www.legacyhealth.org<br>14-0056 | X | X | X | X | | X | X | X | | |

**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 |
| --- | --- |
| Facility: LEGACY EMANUEL HOSP & HEALTH - Part V, Section B, Line 5 | In 2020, Legacy Emanuel Medical Center participated with seven other hospital systems, four county health departments and one coordinated care organization in the four-county regional 2019 Healthy Columbia Willamette Collaborative (HCWC) Community Health Needs Assessment (CHNA) which was used as a base for the Legacy Emanuel Community Health Needs Assessment. The results of Legacys Community Needs Assessment can be found at www.legacyhealth.org.The HCWC CHNA is regional and developed to improve efficiency and effectiveness and also to help meet the requirements of the ACA and Public Health Accreditation. HCWC prioritized community input and lived experiences of priority populations and leaders from community-based organizations across the region. Volunteer participants shared their insights on the vision, strengths, challenges, and needs of their communities in town halls and listening sessions. Four town halls were conductedone in each countyand community-based organizations hosted 18 community listening sessions across the quad-county region, with more than 200 participants. In the 2019 CHNA, HCWC also reviewed population data (health-related behaviors, morbidity, mortality); medical data from local Coordinated Care Organizations (CCO) (most frequent conditions Medicaid-covered individuals sought care for); and hospital data (uninsured patients seen in the emergency department for conditions that could have been managed in primary or ambulatory care settings).Our work included the following community partners: Adelante MujeresAntFarmASACCascade AIDS Project Aging WellCentral City ConcernCommunity Partnership for Affordable HousingCity of Lake OswegoClackamas Behavioral Health DivisionClackamas County Aging Services Advisory CouncilClackamas County Community Action BoardClackamas County Disaster ManagementClackamas County Public Health DivisionClackamas County Social ServicesClackamas WorkforceClark County Community ServicesClark County Public HealthCoalition of Community Health ClinicsEstacada Community CenterFaith Organization in Multnomah CountyFriendly HouseIndividual Facilitators, Arabic CommunityIndividual Facilitator, FarmworkersIraqi Society of OregonLatino NetworkMicronesian Islander CommunityMomentum AllianceNAMI, Clackamas CountyNAYA Family CenterNorthwest Family ServicesOutside InOregon AIDS Education & Training CenterOregon Community Health Workers AssociationOregon Dairy and Nutrition CouncilOregon Food BankOregon Health Equity AllianceOregon Office on Disability and HealthOregon Oral Health CoalitionPacific Islander CoalitionPlanned ParenthoodProject Access NOWProvidence ElderPlaceQuest Center for Integrative HealthSW WA Accountable Community of HealthSociety of St. Vincent de PaulVeterans of Foreign WarsVibrant Future Coalition/NW Family ServicesYMCA of Columbia Willamette |
| Facility: LEGACY EMANUEL HOSP & HEALTH - Part V, Section B, Line 6a | In addition to Legacy Healths five hospitals which includes Legacy Emanuel Medical Center, the other seven hospital systems in the metro area that participated in the Healthy Columbia Willamette Collaborative Community Health Needs Assessment were: Adventist Health, Kaiser Permanente, Oregon Health & Science University, Peace Health Southwest Medical Center, Providence Health & Services and Tuality Health Care. |

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 |
| --- | --- |
| Facility: LEGACY EMANUEL HOSP & HEALTH - Part V, Section B, Line 11 | The FY2021 Legacy Emanuel CHNA identified health-related needs across the quad county region. Legacy Emanuel grouped the health needs identified in the 2019 Healthy Columbia Willamette Collaborative Community Health Assessment into two broad categories of need: Access to Health Care Chronic ConditionsIn addition to identified health-related needs across the quad county region, Legacy Emanuel Medical Center heard through community members that discrimination, racism and trauma impact the health and well-being of communities and should be addressed as part of all programming and projects (HCWC CHNA 2019). Legacy Emanuel Medical Centers Community Health Improvement Plan highlights the health equity strategies for this improvement plan cycle.The priority areas identified in the implementation plan will be addressed through health service delivery, health education and outreach, community partnerships, community investments, and funding for evidence-based health programs and services.No singular hospital facility can address all the issues present in the community. Through our partnerships in the Quad County, Legacy Emanuel Medical Center is confident these needs are being addressed by other community organizations. Legacy Emanuel Medical Centers top priority continues to be a focus on the issues which have the greatest impact on the health of the community and where we can affect the most changeDetails on the specific initiatives Legacy Emanuel Medical Center is undertaking to address these priority issues can be found in the Community Health Improvement Plan (CHIP), which can be found on the organizations website at www.legacyhealth.org |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

## 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) MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON CT TIGARD, OR 97224 | 93-0878944 | 501(c)(3) | 0 | 24,300 | COST | EQUIPMENT & SUPPLIES | FOR DISASTER ASSISTANCE |

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

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of noncash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
|---|---|---|---|---|---|
| (1) BURN/WOUND GARMENTS | 200 | | 38,000 | | COMPRESSION GARMENTS |
| (2) DECREASE FALLS AT HOME | | | 5,000 | | DURABLE MEDICAL EQUIPMENT |
| (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** |
|---|---|
| Grantmaker's Description of How Grants are Used | Legacy reviews all organizations prior to donating cash or supplies to ensure their 501(c)(3) status. Legacy regularly donates supplies to Medical Teams International for disaster relief. Several Legacy medical staff members, volunteer for Medical Teams International. |

**Schedule J**
(Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

## Part I Questions Regarding Compensation

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |
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**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: Relevant information in regards to selections on 1a. | Legacy does periodically reimburse for some travel of companions. During 2020, some travel expenses for companions of Legacy Board Directors and executives were reimbursed. These transactions follow Legacys reimbursement policy requiring documentation and approval of the expenses, prior to reimbursement. These payments are taxable to the individuals and are reported on a W-2 for employees or a 1099 for Board Directors. |
| Part I, Line 5b: Explanation of organization compensation based on revenues of related organization | Physicians employed by Legacy affiliates are paid variable compensation based on quality, value, and production. Production is based upon the level of effort of services provided during the year measured by industry standard relative value units (RVU) and which generate revenue. |
| Part I, Line 6b: Explanation of organization compensation contingent on net earnings from related or | Legacy has an at-risk incentive compensation plan for management. The plan is based on meeting goals related to employee engagement, work processes, customer service, clinical quality, financial management, and certain key strategic tactics. In order to payout any at-risk incentive compensation, Legacy must exceed operating margin targets. |
| Part I, Line 8: Amounts reported on 990 VII pursuant to initial contract exemption described in Regs | Legacy enters into initial employment agreements with Executives that qualify under the initial contract exception. The Compensation Committee of the Board of Directors, none of whom is a Legacy employee, reviews the compensation for key executive positions. The Committee relies on comparable market data and all decisions are documented. |
| Part III, Additional Information | Sch J, Part 1, Question 3 Regarding Compensation PracticesDirectors for Legacy started receiving compensation for their services in August 2014. They also receive expense reimbursements related to their duties. Any expense reimbursements to board members are reviewed by the Director of Tax for determining 1099 tax reporting. In addition to the Board of Directors compensation, during 2020, Dr. Hill received compensation related to his duties as Medical Director while Dr. Root received compensation for medical services provided at Legacy Emanuel Hospital. There was no other reportable compensation received by any board member during 2020.Executive compensation for Legacy is designed to recruit, retain and motivate qualified senior leaders responsible for ensuring Legacy Health serves its mission and patients every day, and for ensuring a safe, inclusive and equitable workplace for all Legacy employees. The comprehensive compensation plan is designed for positions that have a significant impact on the high-level strategic and policy direction of Legacy and its affiliates, and are accountable for the effective day-to-day operation of the system.Base pay and total compensation (including incentive compensation) for similar positions is established at a level comparable to market compensation for healthcare organizations. External consultants are regularly used to review published compensation surveys of comparable organizations and comparable benchmark positions in the market.The Compensation Committee of the Board of Directors, none of whom is a Legacy employee, reviews the compensation for executive positions. The Committee oversees the system's governance procedures with respect to intermediate sanctions legislation and the evaluation of reasonableness of compensation. The Committee reports to the Board in sufficient detail to enable the entire Board to take such actions as are required to obtain the rebuttable presumption of reasonableness. The Compensation Committee also reviews tax-reporting disclosures.Sch J, Part II, Column Breakdown Of W-2 Or Misc-1099:Column B(i) - Base compensation consists of regular base pay including employee elected deferrals for retirement plans (403(b) and 457(b) plans).Column B(ii) - The incentive compensation program for Legacy is based on predetermined criteria and reviewed and approved by the Board. Bonuses are paid to key employees for interim duties outside their primary responsibilities (e.g. Acting in Capacity).Column B(iii) - Other compensation consists of deferred compensation amounts paid toexecutives during the current year and were reported on prior form 990 returns. These amounts include arrangements that contain elements of a substantial risk of forfeiture conditioned on continued employment, vesting and/or a noncompete provision upon termination of employment. Distributions from 457(b) plans, reported to the employee on a 1099-R, are also included as other compensation. In addition, imputed income for insurance, cell phone and other benefits is included in other compensation as well as any severance related payments. Column C - Deferred compensation includes contributions to defined contribution plans, amounts deferred under the 457(f) plan including earnings, earnings in the 457(b) plan, and the value of the pension restoration plan. Earnings on the 457(f) and 457(b) include gains and losses on the underlying investments. The defined contribution plan is available to all employees as they become qualified to participate. The pension restoration plan provides executive pension benefits in excess of IRS mandated limits on eligible compensation to key executives. The benefits are unfunded and subject to forfeiture. Executive pension benefits are intended to make the executive's retirement benefit, as a proportion of their final average salary, comparable to all other employees, and are treated as income when paid.The Legacy Health Board approved the goals and long-term objectives for the Executive Long-Term Incentive Plan effective April 1, 2017 for 3 years ending on March 31, 2020. The plan was discretionary and could be terminated at any time. The purpose of the Plan was to achieve market share growth in key areas identified in Legacy Healths strategic plan. Targets for operating margins and clinical quality were required over the three-year period and all goals were measured at March 31, 2020. The plan was funded and paid out in August 2020 after approval from the Legacy Health Compensation Committee and the Legacy Health Board. The final payout is included in the Executive compensation reported as deferred on the FY2018, FY2019 and FY2020 990.Column D - Nontaxable benefits include company paid health and welfare and long term care and disability benefits under group plans.Column F - Current year compensation reported as deferred in prior years. |

## Additional Data

**Software ID:** 20011551
**Software Version:** 2020v4.0
**EIN:** 93-0386823
**Name:** LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**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 (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| 1AMISH J DESAI MD CARDIOLOGIST | (i) | 587,967 | 203,776 | -914 | 18,525 | 14,735 | 824,089 | |
| | (ii) | | | | | | | |
| 1ANITA N IYENGER SR VP | (i) | | | | | | | |
| | (ii) | 366,611 | 48,185 | -4,342 | 35,919 | 24,177 | 470,550 | |
| 2ANNA LOOMIS CFO & TREASURER | (i) | | | | | | | |
| | (ii) | 698,377 | 249,915 | -3,260 | 14,250 | 32,332 | 991,614 | 26,293 |
| 3ANNE T GREER Secretary | (i) | | | | | | | |
| | (ii) | 287,532 | 64,949 | 1,195 | 39,087 | 21,625 | 414,388 | |
| 4ARLAN H MINTZ MD MEDICAL DIRECTOR | (i) | 797,546 | 28,562 | -1,575 | 15,107 | 26,503 | 866,143 | |
| | (ii) | | | | | | | |
| 5BRIAN P YOUNG MD VP | (i) | 474,535 | 88,012 | 57,145 | 76,535 | 30,699 | 726,926 | |
| | (ii) | | | | | | | |
| 6BRONWYN J HOUSTON PRESIDENT CHILDREN'S HOSPITAL | (i) | 413,844 | 120,933 | 3,184 | 45,468 | 34,810 | 618,239 | |
| | (ii) | | | | | | | |
| 7BRYCE R HELGERSON SR VP | (i) | | | | | | | |
| | (ii) | 566,173 | 147,785 | 24,765 | 88,143 | 15,952 | 842,818 | 13,437 |
| 8CAROL BRADLEY FORMER SR. VP | (i) | | | 406,321 | 31,451 | -76 | 437,696 | |
| | (ii) | | | | | | | |
| 9CATHERINE J MARKIN VP | (i) | 401,303 | 53,015 | -3,011 | 22,800 | 36,435 | 510,542 | |
| | (ii) | | | | | | | |
| 10CYNTHIA HILL RN VP | (i) | 275,895 | 58,391 | 6,399 | 47,446 | 21,716 | 409,847 | |
| | (ii) | | | | | | | |
| 11DONALD A TOUSSAINT VP | (i) | 171,578 | 31,752 | 60,266 | 40,771 | 14,424 | 318,791 | |
| | (ii) | | | | | | | |
| 12DUNCAN R NEILSON MD VP | (i) | 473,137 | 63,229 | 47,174 | 17,100 | 68,427 | 669,067 | |
| | (ii) | | | | | | | |
| 13GRETCHEN M NICHOLS HOSPITAL PRESIDENT | (i) | 512,851 | 68,743 | 51,401 | 28,111 | 29,055 | 690,161 | |
| | (ii) | | | | | | | |
| 14JOHN J KENAGY SR VP | (i) | | | | | | | |
| | (ii) | 498,198 | 134,864 | 43,813 | 51,967 | 36,809 | 765,651 | 33,935 |
| 15 JOHN P IGUIDBASHIAN MD CARDIO SURGEON | (i) | 802,571 | 20,871 | 154,810 | 119,828 | 33,636 | 1,131,716 | |
| | (ii) | | | | | | | |
| 16JONATHAN HILL MD BOARD DIRECTOR | (i) | 280,000 | 12,520 | 3,957 | 11,400 | 26,331 | 334,208 | |
| | (ii) | | | | | | | |
| 17JOSEPH FRASCELLA VP | (i) | 276,742 | 43,887 | 6,542 | 14,250 | 18,728 | 360,149 | |
| | (ii) | | | | | | | |
| 18KARI M HOWARD RN VP | (i) | 191,393 | 18,664 | -1,009 | 16,849 | 15,106 | 241,003 | |
| | (ii) | | | | | | | |
| 19KATHRYN CORREIA President & CEO | (i) | | | | | | | |
| | (ii) | 1,354,597 | 468,527 | 5,050 | 22,730 | 39,402 | 1,890,306 | 87,021 |

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

| (A) Name and Title | | (B)(i) Base Compensation | (B)(ii) Bonus & incentive compensation | (B)(iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| **21**LESLIE ROOT MD<br>BOARD DIRECTOR | (i) | 144,244 | 57,380 | -234 | 22,831 | 3,411 | 227,632 | |
| | (ii) | | | | | | | |
| **1**LEWIS L LOW MD<br>SR VP | (i) | 33,826 | | 81,363 | | 2,918 | 118,107 | |
| | (ii) | 442,077 | 181,297 | 8,357 | 45,862 | 20,383 | 697,976 | 46,391 |
| **2**LORI FARRELL MD<br>VP | (i) | 370,209 | 46,552 | -1,044 | 35,112 | 25,019 | 475,848 | |
| | (ii) | | | | | | | |
| **3**MAUREEN A BRADLEY<br>SR VP | (i) | | | | | | | |
| | (ii) | 317,132 | 66,752 | 5,071 | 53,547 | 20,291 | 462,793 | |
| **4**MELINDA J MULLER MD<br>SR VP INTERIM | (i) | | | | | | | |
| | (ii) | 407,848 | 96,755 | 3,382 | 70,510 | 38,407 | 616,902 | |
| **5**MELISSA L ECKSTEIN<br>UCBH PRESIDENT | (i) | 295,308 | 40,448 | 6,647 | 13,847 | 12,121 | 368,371 | |
| | (ii) | | | | | | | |
| **6**MOLLY F BURCHELL MD<br>VP | (i) | 447,151 | 94,837 | 8,480 | 115,582 | 20,592 | 686,642 | |
| | (ii) | | | | | | | |
| **7**MONICA C WEHBY MD<br>PED NEUROSURGEON | (i) | 497,254 | 24,700 | 3,129,566 | 171,551 | 9,537 | 3,832,608 | 3,000,000 |
| | (ii) | | | | | | | |
| **8**NAVEEN SACHDEV MD<br>CARDIOLOGIST | (i) | 765,124 | 174,103 | 808 | 14,250 | 28,530 | 982,815 | |
| | (ii) | | | | | | | |
| **9**ROBERT E DEWITT<br>FORMER SR. VP &<br>SECRETARY | (i) | | | 504,774 | 18,636 | | 523,410 | |
| | (ii) | | | | | | | |
| **10**SONJA O STEVES<br>SR VP | (i) | | | | | | | |
| | (ii) | 452,690 | 120,822 | 1,260 | 103,312 | 24,167 | 702,251 | 30,627 |
| **11**STACY L YOUNGS RN<br>VP | (i) | 109,787 | | -2,744 | 18,378 | 13,232 | 138,653 | |
| | (ii) | 108,134 | 11,556 | -5,592 | | 21,273 | 135,371 | |
| **12**TRENT S GREEN<br>SR VP | (i) | | | | | | | |
| | (ii) | 780,820 | 206,375 | -3,095 | 40,574 | 37,907 | 1,062,581 | 18,765 |

# Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

**Part I** **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|
| | | | | |
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2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . . ▶ $

**Part II** **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| **Total** . . . . . . . . . . . . . . . . ▶ $ | | | | | | | | | | | | |

**Part III** **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
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**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of transaction | **(d)** Description of transaction | **(e)** Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| (1) Amber Cox | Employee | 59,872 | Fam-Gretchen Nichols KE | | No |
| | | | | | |
| | | | | | |
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**Part V Supplemental Information**

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

| **Return Reference** | **Explanation** |
|---|---|

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046028232 |
|---|---|---|

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| LEGACY EMANUEL HOSPITAL & HEALTH CENTER | 93-0386823 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4d: Other Program Services Description | OTHER PROGRAM SERVICES 4: Unity Center for Behavioral Health is a 24 hour behavioral and m ental health services center located on Legacy's Holladay Park campus. It is a partnership between Legacy Health, Adventist Health, Kaiser Permanente and OHSU that provides immedia te psychiatric care. It has 85 adult beds, 22 adolecent beds, 50 short term spaces as well as calming and therapy rooms. |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 3: Description of Delegated Duties to Management Company | Legacy Health (Legacy) provides management services for all of its affiliated companies wh ich includes, accounting, purchasing, contracting, legal, human resources, information tec hnology, billing, facilities, budgeting, transcription, security, public relations, strate gic planning, organization development.Cascade Pathology Services provides a Medical Direc tor and pathologists who oversee the pathology laboratory services at LEMHHC. The amount p aid for the year ended March 31, 2021 was $755,040. |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder | Legacy Health is the sole member of Legacy Emanuel Hospital & Health Center. |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body | The Board of Directors includes the following members: (a) The Bishop of the Oregon Synod of the Evangelical Lutheran Church inAmerica (the "Oregon Synod") or the Bishop's designee , who shall serve ex officio;(b) The Bishop of the Episcopal Diocese of Oregon (the "Episc opal Diocese")or the Bishop's designee, who shall serve ex officio;(c) One (1) person elec ted by the Legacy Health Board of Directors pursuant to the process set forth in the Bylaw s; provided, however, that such person shall be an active member of a Lutheran congregatio n in the Oregon Synod ("Lutheran Director");(d) One (1) person elected by the Legacy Healt h Board of Directors pursuant to the process set forth in the Bylaws; provided, however, t hat such person shall be an active member of an Episcopal congregation in the Episcopal Di ocese known to his/her parish priest, or alternatively a member of the clergy in the Episc opal Diocese ("Episcopal Director"). |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders | The election of Lutheran Director is subject to the approval by the Bishop of the Oregon S ynod, who may object to the newly-elected director for any reason by delivering written no tice to the Legacy President or the Chair of the Board of Directors no later than one week after the election. If the Bishop timely objects to the election of the new Lutheran Dire ctor, the election will be ineffective and that person will not be a director; otherwise, if no timely objection is received, that person shall be conclusively presumed to be the L utheran Director for his/her full term or the remainder of an unexpired term to which elec ted. The election of the Episcopal Director is subject to approval by the Bishop of the Ep iscopal Diocese, who may object to the newly elected director for any reason by delivering written notice to the Legacy President or Chair of the Board of Directors no later than o ne week after the election. The election of the Episcopal Director is also subject to appr oval by the Standing Committee of the Episcopal Diocese, who may object to the newly elect ed director only on the grounds that he/she is not an active member of an Episcopal congre gation or a member of the Episcopal clergy in the Episcopal Diocese; such objection to be effected by delivering written notice to the Legacy President or Chair of the Board of Dir ectors within five days after the next meeting of the Standing Committee or 45 days after the election, whichever is earlier. If the Bishop or Standing Committee timely object to t he election of the new Episcopal Director, the election will be ineffective and that perso n will not be a director; otherwise, if no timely objection is received, that person shall be conclusively presumed to be the Episcopal Director for his/her full term or the remain der of an unexpired term to which elected. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 11b: Form 990 Review Process | The Legacy Board received a copy of the 990 return prior to filing. At the direction of th e entire Board, the Board Compensation Committee reviewed the compensation disclosures and the Board Audit and Compliance Committee received a memorandum with a draft 990 return hi ghlighting key areas and requesting feedback. Questions from the Board Audit and Complianc e Committee are answered and changes made where appropriate. Any significant differences f rom the draft 990 to the final 990 return are provided to the Board Audit and Compliance C ommittee. Depending on the deadline for the 990 return filing and the Board Audit and Comp liance Committee meeting this discussion may take place following the filing of the return . |

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees | The following describes the compensation practices of Legacy Health and its affiliates.Exe cutive compensation for Legacy is designed to recruit, retain and motivate qualified senio r leaders responsible for ensuring Legacy Health serves its mission and patients every day , and for ensuring a safe, inclusive and equitable workplace for all Legacy employees. The comprehensive compensation plan is designed for positions that have a significant impact on the high-level strategic and policy direction of Legacy and its affiliates, and are acc ountable for the effective day-to-day operation of the system.Base pay and total compensat ion (including incentive compensation) for similar positions is established at a level com parable to market compensation for healthcare organizations. External consultants are regu larly used to review published compensation surveys of comparable organizations and compar able benchmark positions in the market. The Compensation Committee of the Board of Directo rs, none of whom is a Legacy employee, reviews the compensation for key executive position s. The Committee oversees the system's governance procedures with respect to the evaluatio n of reasonableness of compensation. The Committee reports to the Board in sufficient deta il to enable the entire Board to take such actions as are required to obtain the rebuttabl e presumption of reasonableness. The Compensation Committee also reviews tax-reporting dis closures. |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 19: Other Organization Documents Publicly Available | Legacy Health's audited and interim consolidated financial statements are publicly availab le on the Electronic Municipal Market Access(EMMA) (www.emma.msrb.org) and DAC Bond (www.d acbond.com) websites. Legacy's audited consolidated financial statements include consolida ting schedules which highlights LEHHC's financial results.When changes are made to the LEH HC Articles or Bylaws, LEHHC discloses and attaches copies to the IRS Form 990, which are publicly available by request or on various public websites such as Guidestar(www.guidesta r.org). Other governing documents are not available to the public. |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Increases | CAPITAL CONTRIBUTION FROM RESEARCH = $262320 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Increases | DEFERRED REVENUE - UNITY = $600000 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Gift Shop Operations Fund = -$1025 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Reduction to commitment = -$5000000 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | ROUNDING = -$5 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Changes In Net Assets Or Fund Balances - Other Increases | TRANSFER FROM AFFILIATES = $235000000 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part IV, question 12 | Legacy has an audit of its consolidated financial statement which includes consolidating schedules highlighting LEHHC's financial results. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, question 2 | Legacy Health System CPC, LLC (CPC) is a common pay agent for Legacy and its affiliates. T he CPC files all required federal employment tax returns for Legacy and its affiliates. Th e number of employees reported on Form W-3 for LEHHC, the lab & clinics is 6,398. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part X | LEHHC participates in the Legacy investment pooled funds which include professionally mana ged equity and fixed income securities in both separately managed portfolios and commingle d investment accounts. Investment returns are prorated according to each affiliate's share of the pool. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Schedule J | Schedule J Reporting of Officers and Senior Management on Legacy Affilate Returns. The Leg acy Officers, Senior Vice Presidents and other key employees may have responsibilities for the operations of the entire health system, including the affiliated entities. Their comp ensation is paid from and reported on the Legacy return(EIN 23-7426300). The compensation is reported again for informational purposes on related affiliated entity returns includin g, Legacy Emanuel Hospital & Health Center, Legacy Good Samaritan Hospital and Medical Cen ter, Legacy Meridian Park Hospital, Legacy Mount Hood Medical Center, Legacy Salmon Creek Hospital, Silverton Health, Legacy Visiting Nurse Association, and Legacy Adventist Ventur e. |

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**Employer identification number**
93-0386823

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| **(1)** LEGACY CLINICS LLC<br>1919 NW LOVEJOY ST<br>PORTLAND, OR 97209<br>93-1272735 | HEALTHCARE | OR | -58,374,800 | -418,366,520 | LEGACY EMANUEL HOSPITAL & HEALTH CENTER |
| **(2)** LEGACY LABORATORY SERVICES LLC<br>1919 NW LOVEJOY ST<br>PORTLAND, OR 97209<br>26-3597257 | HEALTHCARE | OR | 7,138,004 | 85,084,661 | LEGACY EMANUEL HOSPITAL & HEALTH CENTER |
| | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|
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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| **(1)** LIFE FLIGHT NETWORK LLC<br><br>22285 YELLOW GATE LANE SUITE 102<br>AURORA, OR 97002<br>20-5016802 | EMER AIR AM | OR | N/A | Related | 22,300,612 | 72,430,526 | | No | | | No | 25.000 % |
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**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 |
| | | | | | | | | | |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | Line | Yes | No |
|---|---|---|---|---|
| | **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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** | Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . | 1a | | No |
| **b** | Gift, grant, or capital contribution to related organization(s) . . . | 1b | Yes | |
| **c** | Gift, grant, or capital contribution from related organization(s) . . . | 1c | Yes | |
| **d** | Loans or loan guarantees to or for related organization(s) . . . | 1d | Yes | |
| **e** | Loans or loan guarantees by related organization(s) . . . | 1e | Yes | |
| **f** | Dividends from related organization(s) . . . | 1f | | No |
| **g** | Sale of assets to related organization(s) . . . | 1g | Yes | |
| **h** | Purchase of assets from related organization(s) . . . | 1h | Yes | |
| **i** | Exchange of assets with related organization(s) . . . | 1i | Yes | |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) . . . | 1j | Yes | |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) . . . | 1k | Yes | |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) . . . | 1l | | No |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) . . . | 1m | Yes | |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . | 1n | | No |
| **o** | Sharing of paid employees with related organization(s) . . . | 1o | Yes | |
| **p** | Reimbursement paid to related organization(s) for expenses . . . | 1p | Yes | |
| **q** | Reimbursement paid by related organization(s) for expenses . . . | 1q | Yes | |
| **r** | Other transfer of cash or property to related organization(s) . . . | 1r | Yes | |
| **s** | Other transfer of cash or property from related organization(s) . . . | 1s | Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)**RANDALL CHILDRENS HOSPITAL FOUNDATION | c | 1,669,180 | Cash |
| **(2)**RANDALL CHILDRENS HOSPITAL FOUNDATION | m | 233,800 | Actual Cost |
| | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

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

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

## Additional Data

**Software ID:** 20011551
**Software Version:** 2020v4.0
**EIN:** 93-0386823
**Name:** LEGACY EMANUEL HOSPITAL & HEALTH CENTER

**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 |
|---|---|---|---|---|---|---|---|
| 1919 NW LOVEJOY ST<br>PORTLAND, OR 97209<br>23-7426300 | HEALTHCARE | OR | 501(C)(3) | 11b | N/A | | No |
| 1015 NW 22ND AVE<br>PORTLAND, OR 97210<br>93-0386793 | HOSPITAL | OR | 501(C)(3) | 3 | N/A | | No |
| 19300 SW 65TH AVE<br>TUALATIN, OR 97062<br>93-0618975 | HOSPITAL | OR | 501(C)(3) | 3 | N/A | | No |
| 24800 SE STARK ST<br>GRESHAM, OR 97030<br>93-0591528 | HOSPITAL | OR | 501(C)(3) | 3 | N/A | | No |
| 2211 NE 139TH ST<br>VANCOUVER, WA 98686<br>33-1065485 | HOSPITAL | WA | 501(C)(3) | 3 | N/A | | No |
| 815 NE DAVIS ST<br>PORTLAND, OR 97210<br>93-0848530 | HOSPICE | OR | 501(C)(3) | 9 | N/A | | No |
| PO BOX 4484<br>PORTLAND, OR 97208<br>93-1314469 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | Yes | |
| PO BOX 4484<br>PORTLAND, OR 97208<br>23-7017276 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | | No |
| PO BOX 4484<br>PORTLAND, OR 97208<br>93-0773410 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | | No |
| PO BOX 4484<br>PORTLAND, OR 97208<br>93-0794951 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | | No |
| PO BOX 4484<br>PORTLAND, OR 97208<br>83-0433165 | CHARITABLE FOUNDATION | WA | 501(C)(3) | 7 | N/A | | No |
| 1919 NW LOVEJOY ST<br>PORTLAND, OR 97209<br>46-5562403 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | | No |
| 342 FAIRVIEW STREET<br>SILVERTON, OR 97381<br>93-0913392 | CHARITABLE FOUNDATION | OR | 501(C)(3) | 7 | N/A | | No |
| 342 FAIRVIEW STREET<br>SILVERTON, OR 97381<br>93-0281321 | HOSPITAL | OR | 501(C)(3) | 3 | N/A | | No |