Extended to November 15, 2018

**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.

Department of the Treasury Internal Revenue Service  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.												
				ending	mormation.	Inspection						
Вс	heck if	D Employer identific	ation number									
	Addres		h Central Accountable unity of Health		1							
<u> </u>	Name		usiness as		82-16	526178						
X	initial return			Room/suite	E Telephone number							
	Final return/		Valley Mall Pkwy									
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,021,138.						
	Ameno	<sup>led</sup> East	Wenatchee, WA 98802		H(a) is this a group ref	turn						
X	Application pendin		nd address of principal officer Linda Evans Parlett		for subordinates?							
		1200 V	alley Mall Parkway, East Wenatchee, X 501(c)(3) 501(c)( )		H(b) Are all subordinates inc	Sluded7YesNo						
			X = 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) denote the org	17- 321	H(c) Group exemption	•						
			X Corporation Trust Association Other	L Year o		State of legal domicile; WA						
Pa		Summary										
•	1	Briefly describ	be the organization's mission or most significant activities: The m	nissio	n of NCACH i	s to						
Activities & Governance		improve	the health of the North Central Re	egion'	s communitie	s and the						
r a	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asset							
8	3	Number of vot	ting members of the governing body (Part VI, line 1a)		. 3	18						
8			dependent voting members of the governing body (Part VI, line 1b)		4	18						
es	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	0						
Ĭ.			of volunteers (estimate if necessary)		6	0						
Ş			d business revenue from Part VIII, column (C), line 12		. <mark>7a</mark>	0.						
	<u>b</u>	Net unrelated	business taxable income from Form 990 T, line 34			0.						
j	•	O- 4-b b			Prior Year	Current Year 6 , 000 , 000 .						
9			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)  RECEIVED	ገ∙ ├─		0.000,000.						
Revenue		-	3/	⊢ اد		21,138.						
E E			come (Part VIII, column (A), lines 3, kcahd 7d)  (Part VIII, column (A), lines 5, 6d, 6 c, 1 h() a/hd211) 2018  - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3		21,130.						
)			e (Part VIII, column (A), lines 5, 6d, 4 (C), 10th (A) (1) 2018	<b>≸</b>		6,021,138.						
7			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del>≦}</del>		0.						
`	14	Benefits paid	to or for members (Part IX, column (A), line GDEN, UT			0.						
اي	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>-</b>		0.						
Expenses			undraising fees (Part IX, column (A), line 11e)			0.						
per			ing expenses (Part IX, column (D), line 25)	0.								
ω̈́			es (Part IX, column (A), lines 11a-11d, 11f-24e)			77,771.						
	18	Total expense	s Add lines 13-17 (must equal Part IX, column (A), line 25)			77,771.						
	19	Revenue less	expenses Subtract line 18 from line 12			5,943,367.						
Net Assets or und Balances				Be	ginning of Current Year	End of Year						
Sets	20	Total assets (F	Part X, line 16)			5,943,367.						
EAS BASE	21	Total liabilities	(Part X, line 26)			0.						
<u>,</u>	22		fund balances. Subtract line 21 from line 20			5,943,367.						
	rt II	Signature										
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is						
true,	correc	t, and complete	-Declaration of preparer (other than officer) is based on all information of whi	cn preparer	11/14/18							
O:		Signatur	e of officer		Date							
Sign Here		, ,	a Evans Parlette, Executive Directo	or	22.0							
11010			print name and title									
		Print/Type pre		, [	Date Check	PTIN						
Paid			Patton, CPA		11/14/18 Il sell employe	P00461275						
Prep			Cordell, Neher & Company, P.L.L.	c.	Firm's EIN	91-0950793						
Use			P.O. Box 3068									
_			Wenatchee, WA 98807-3068		Phone no (50	9) 663-1661						
May	the IF	RS discuss this	s return with the preparer shown above? (see instructions)			X Yes No						
	1 11-28		For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2017)						

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	Note: Central Actualization	00 1606170	- 0
	1990 (2017) Community of Health	82-1626178	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	The mission of NCACH is to improve the health of the Nor		
	region's communities and the people who live in them, in		
	care access, quality, the experience of care, and lower		
	health care costs in the North Central region which incl	udes Chelan,	
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	X 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?	□ V <sub>P</sub> e	X No
Ü	If "Yes," describe these changes on Schedule O	103	<u> </u>
4	•	reasoured by eveneses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	na
	revenue, if any, for each program service reported	<del></del>	
4a	(Code) (Expenses \$ 63,734. including grants of \$) (Reve		)
	NCACH received \$6M in 2017 for the completion of 2 certi		se
	(Phase 1 and Phase 2) as part of the Washington State Me		<del></del>
	Transformation Project. The certification process was to		
	Central Accountable Community of Health (ACH) was capable	e of serving	as
	the regional lead entity and single point of performance	accountabil	ity_
	to the state for transformation projects under the Medic	aid	
	Transformation Project. The certification process requir		
	provide information to demonstrate compliance with expect		
	forth by the state and the Centers for Medicare and Medi		
	(CMS). Through this process, the state assessed whether	NCACH was	
	qualified to fulfill the role as the regional lead and d		
	project funding to provide initial support.	ITECTIDACEG	
4b	(Code) (Expenses \$ including grants of \$) (Reve	nue \$	
_			
4c	(Code) (Expenses \$) (Reve	nue \$	··············
		- <del></del>	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 63,734.		
		Form 9	90 (2017)

# North Central Accountable

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Form 990 (2017) Community of Health
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_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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_	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		· ·	1
•	as applicable			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
С	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a	<u> </u>	X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		ľ	Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
7	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	17		X
8	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		X
9	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		Х
		Form	990 (	20171

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## North Central Accountable Community of Health

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		_X_
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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			17
	of any of these persons? If "Yes," complete Schedule L, Part III	_27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1:	***	٠, ٠
	instructions for applicable filing thresholds, conditions, and exceptions)	<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	]		v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33	L	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			y
~=	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	22		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		-21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38	990	004.7

Form 990 (2017) Community of Health
Part V Statements Regarding Other IRS Filings and Tax Compliance

15 Enter the number reponded in Box 3 of Form 1006 Enter O if not applicable  5 Enter the number of Forms W2G included in line 1s Enter O if not applicable  C Did the origination conceptly with backup withholding rules for reportable payments to vendors and exportable gaming (gambing) winnings to prize winner?  26 Enter the number of employees reported or Form W3, Transmitt of Wage and Tax Statements, field for the scaledardy seer anding winn or within the year covered by this return  b if at least one is reported on his 2a, did the origination file all required federal employment tax returns?  Note, if the sum of fines 1 and 75 dai greater than 250, you may be required to g-file (See instructions)  3a Did the originaziation have unrelated business gross income of \$1,000 or more during the year?  3b If Yas, 1s at filed 3 Form 990 of 7f firs, 1 file in 8, 7 to file in 8, priced are explanation on Schedule O  4a At any time during the calendary year, did the origination 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 accounts (FBAR)  5i If Yes, 1 enter the name of the foreign country IP.  5w what the originaziation aparty to a prohibited tax shifter transaction or 3 any time during the tax year?  5b Us any transfer party norify the graphation that it was or as a party to a prohibited tax shifter transaction?  5c Us of Yes, 1 to line 5a or 5b, did the originaziation nice seeps that are normally greater than \$100,000, and did the originaziation accounts appreciation in the way or or the scale or the securities of the originaziation in the way and the securities or another section 170(c).  5d If Yes, 1 to line 5a or 5b, did the originaziation in express statement that such contributions or grifts were not tax deductible?  7d Originaziation receive a symmetry or the value of the goods or services provided?  7d If Yes, 2 did the originaziation include with a securities or another section 300,000, and d		Check if Schedule O contains a response or note to any line in this Part V					
18 Enter the number reported in Box 3 of Form 1096 Enter 6- In not applicable Enter the number of Forms 402 of nucleded in line 12. Enter 6- 0f and applicable Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W.9, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return If it all east one is exported on line 28, did the organization field all required for e-field feel instructions) 30 Enter the number of employees reported on Form 28, did the organization field all required for e-field feel instructions) 31 Enter the number of a single and the sequence of the						Yes	No
b. Enter the number of Forms W-20 notuded in line 1a. Enter 0-4 not applicable.   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by the return  bif at least one is reported on line 2a, did the organization like all required feedral employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-field emstructions)  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. X. If "Yes," and if filed a Form 900 To this year? "I. "No," to line 2b, your day an explanation in Schedule O  4a. At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4a. X. If "Yes," enter the name of the foreign country be a bank account, securities account, or other financial accounts?  5a was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. If "Yes," in one 5a or 5b, did the organization that it was or in a party to a prohibited tax shelter transaction?  5c. If "Yes," did the organization had it was or in a party to a prohibited tax shelter transaction?  5c. If "Yes," did the organization had the very solicitation and party for goods and services provided to the payor?  5c. If "Yes," did the organization include with every solicitation and explain that such contributions or gifts were not tax deductibles a chartable contributions.  5c. If "Yes," did the organization include with every solicitation and explain that such contributions or gifts were not	1a	Enter the number reported in Box 3 of Form 1096. Enter :0 if not applicable	1a	n	٥		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with movements?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year obvered by this return.  3b If at least one is exported on line 26, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (See instructions)  3b Old the organization have unrelated business gross income of \$1,000 or more dump the year?  3c If 'Yes,' has it filed a Form 990° for this year? if 'No,' to line 2b, provide an explanation in Schedule O.  3b If 'Yes,' and the dumpt the calendar year, did the organization have an explanation in Schedule O.  3c If 'Yes,' and the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR)  5c Was the organization aparty to a prohibited tax shelter transaction at any time dump the tax year?  5c If 'Yes,' to line 5a of 5b, did the organization file Form 8866.  6c Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6c Did the organization and progration that that was or as a party to a prohibited tax shelter transaction and your time of the organization solicit any contributions that the very solicitation an express statement that such contributions or gifts were not tax deductible?  6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organization state and the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d Did the organization function of the organization state and the organization state and the organiz		•			히		
(gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  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 kines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3a Lay 1 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 accounts?  4a Lay 1 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 accounts?  4b If "Yes," enter the name of the foreign country.  5c If "Yes, if one 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes, if one 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  7c If "Yes," if other organization in the very solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "Indicate the number of Forms 8282? The during the year is a contribution of customers of the organization state and partity for goods and services provided to the payor?  7 Debut the organization state and the property of the organization file and property for which it was required to file forms 8282?  7		• •	portab	le gaming	7		ĺĺ
filed for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-line feel included in the sum of lines ta and 2a is greater than 250, you may be required to e-line feel included in the sum of lines ta and 2a is greater than 250, you may be required to e-line feel included in the sum of lines ta and 2a is greater than 250, you may be required to e-line feel included in the sum of lines ta and 2a is greater than 250, you may be required to e-line feel included in the sum of lines tax and the sum of the organization and the sum of the organization of the sum of the sum of the sum of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country to be a bank account, so other organization accounts? 4a X in if "issa," in the the name of the foreign country lines, and a bank account, securities account, or other financial accounts (FBAR)  See instructions for filling requirements for FinceDNF form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filling requirements for FinceDNF form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization in a party to a prohibited tax shelfer transaction at any time during the tax year?  5a			•		1c	X	
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38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  49 If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O  40 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 accounts (FBAR)  50 If "Yes," enter the name of the foreign country town of the financial accounts (FBAR)  51 Was the organization plant to a prohibited tax shefter transaction?  52 Was the organization plant to a prohibited tax shefter transaction?  53 X Bod any taxable party notify the organization file Form 688617?  54 Did any taxable party notify the organization file Form 688617?  55 Did any taxable party notify the organization file Form 688617?  56 Did be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  56 Organizations that may receive deductible contributions under section 170(c):  56 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  57 Organizations that may receive deductible contributions under section 170(c):  58 Did the organization netwere a payment in excess of 375 made party as a contribution and partly for goods and services provided to the paym?  59 Did the organization selection and payment of forms 82821 filed during the year.  59 Did the organization selection and payment of forms 82821 filed during the year.  50 Did the organization receive a payment in excess of 375 made party as a contribution of quantition of the value of the payment of the value of th	b		าร?		2b		
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to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f I Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f I Did the organization feereved a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12; for public use of club facilities  110a  111a  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  112a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  11b  Section 501(c)(29) qualified nonprofit health insurance issuers.  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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qu	¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ıred			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a pit the stribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(2) 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  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  c Enter the amount of reserves on hand  13b		to file Form 8282?	1 1		7c	<u> </u>	X_
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Form <b>990</b> (2017)	<del></del>	The state of the s				990	(2017)

Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10h below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to mile sa, sa, or rob below, describe the smearhataness, processes, or changes in correction of										
	Check if Schedule O contains a response or note to any line in this Part VI		—	X							
Sec	tion 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 1a		` -								
	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.	ł		1							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18	4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u> </u>									
	officer, director, trustee, or key employee?	2		X_							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		l							
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1									
	more members of the governing body?	7a		X							
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	İ	_								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	X								
Sec	tion 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		X							
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		ļ							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u></u>	·								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ŀ									
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13		_X_							
14	Did the organization have a written document retention and destruction policy?	14	_X								
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?	<u></u>									
а	The organization's CEO, Executive Director, or top management official	15a	X								
ь	Other officers or key employees of the organization	15b	Х								
	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	L	,								
	taxable entity during the year?	16a		X							
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	Ŀ		,							
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ None										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	,								
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website Another's website X 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	financ	al								
	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										
	John Schapman - 509-886-6435										
	200 Valley Mall Parkway, East Wenatchee, WA 98802										

## North Central Accountable Community of Health

82-1626178

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

	Check ii a	schedule O	contains a	response of	note to ai	iy iine in u	INS PAIL VII	
Section A.	Officers	. Directors.	Trustees.	Kev Emplo	vees, and	Highest (	Compensated	Employees

Form 990 (2017)

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

X Check this box if neither the organization n	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(40		Posi		l than c	200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son :	s both	an	compensation	compensation	amount of
	week	├─-	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	0.0	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual Itustee or	institutional trustee		aə/	шреп		(44-27 1099-141130)		and related
	below	deal I	utrona		oldin	stco	   ==			organizations
	line)	a Par	Instit	Officer	кеу етріоуев	Highest compensated employee	Form			
(1) Barry Kling	2.50									
Board Chair	<u> </u>	X						0.	0.	0.
(2) Richard Hourigan MD	2.00									
Vice Chair		X						0.	0.	0.
(3) Brooklyn Holton	2.00	)								
Board Treasurer		X						0.	0.	0.
(4) Judy Warnick	0.50								_	_
Board Director		X				<u></u>	<u> </u>	0.	0.	0.
(5) Michelle Price	0.50		İ				İ	_		_
Board Director		X		ļ.,		Ļ		0.	0.	0.
(6) Bruce Buckles	0.50			'				]		
Board Director	ļ <u>.</u>	X				Ц.		0.	0.	0.
(7) Nancy Nash-Mendez	0.50									
Board Director	<del> </del>	X				_	ļ	0.	0.	0.
(8) Ray Eickmeyer	0.50									
Board Director		X		L		_	<u> </u>	0.	0.	0.
(9) Mike Beaver	0.50	ļ				ļ.,		1		
Board Director		X	_				<u> </u>	0.	0.	0.
(10) Doug Wilson	0.50	1	}				Ì	_		
Board Director		Х	_	ļ		_	_	0.	0.	0.
(11) Molly Morris	0.50					[				
Board Director		X	ļ	_	_	ļ.,	<u> </u>	0.	0.	<u> </u>
(12) Jesus Hernandez	0.50									
Board Director		X	ļ	_		<del> </del>	ļ	0.	0.	0.
(13) Theresa Sullivan	0.50								_	•
Board Director		X	<u> </u>				_	0.	0.	0.
(14) Tyler Paris	0.50								_	
Board Director	ļ <u>.</u>	X						0.	0.	0.
(15) Tim Hoekstra	0.50						1		0	
Board Director	1-1-00	X		<u> </u>		<u> </u>		0.	0.	0.
(16) Kevin Abel	1.00								_	^
Former Board Vice Chair	1 00	X	ļ				<u> </u>	0.	0.	0.
(17) Sheila Chilson	1.00	,,							,	•
Former Board Treasurer		X	<u>_</u>	<u> </u>		Ц.	<u> </u>	0.	0.	0.

Page 7

Form 990 (2017) Community	of Hea	<u>1 L C</u>	<u>n</u>						82-1	<u>626</u>	1/8	P	age c
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E)  Reportable  compensation  from related		1	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MIS		fr org an	ipensa rom the anizati d relate anizatio	e ion ed
(18) Winnie Adams	1.00	一							· · · · · · · · · · · · · · · · · · ·				
Board Secretary		X				<u></u>		0.		0.	L		0.
(19) Peter Morgan	0.50												
Board Director		X	L			<u>_</u>		0.		0.	<u></u>		<u>   0                                 </u>
(20) Kat Ferguson-Mahan Latet	0.50	ļ											
Board Director		X	Ĺ	Ш		<u> </u>		0.		0.	<u> </u>		0.
(21) Linda Evans Parlette	40.00	ļ						_		_			_
Executive Director				Х				0.		0.			0.
		-			-								
						-						·	
1b Sub-total				·		•	<b>&gt;</b>	0.		0.			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A		_				<b>▶</b>	0.		0.			0.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	е			0
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on		. 2,	Yes	No
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su	m of reportable	le co	mpe	ensa	tion	and	oth	er compensation from t	he organization		77		****
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a							efate	ed organization or individ	dual for services		N .	, SA 44	; •
rendered to the organization? If "Yes." com Section B. Independent Contractors	olete Schedul	e <i>J f</i>	or si	ıch r	oers	on					5		X
Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of com	—— pensa	tion fr	 om	
the organization Report compensation for t	he calendar ye	ear e	ndır	ng w	ith c	or wi	thin		ear				
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	C		C) nsatioi	n
					_								
								,					
													<del></del>
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organiza	' <del>-</del> '	ot lır	nited	to t	thos (		ted	above) who received me	ore than				^ - ~ <u>~</u> ;,

L	<u> </u>	_	Check if Schedule O conti	ains a resnonse	or note to any lim	e in this Part VIII			· 🖂
			Onco Wood of the Control of the Cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
\$ \$	1	а	Federated campaigns	1a		<b>可能从在</b> 在			
irar		b	Membership dues	1b					
S, E		С	Fundraising events	1c					
# H		d	Related organizations	1d					
S, E		е	Government grants (contribute	ons) <u>1e</u> 6,	000,000.				
<u> </u>		f	All other contributions, gifts, gran	ts, and					
the the			similar amounts not included above	ve <u>1f -</u>					
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f \$		的特別的學學	道法特殊运行	能位在學門數學	是在其實際的
<u>0</u> a		h	Total. Add lines 1a-1f	<del> </del>		6,000,000.			<b>を作びる場合が</b>
				•	Business Code	通过生影器的时代	新ただ。日本の	<b>爱考尔曼斯斯斯特</b>	変してはなるまだ。
8	2	а							
اه کے		b							
S I		С				3			
le v		d							<u> </u>
Program Service Revenue		е							
ا ته			All other program service reve	nue	<u> </u>		6.50 - 125 AND 12 - 155	The Down of the Control of the Section of the	र्रेडड्न के सेंग्री क्लाइस लांग्री - ए रेस्स
$\rightarrow$	_		Total. Add lines 2a-2f				(公司等等) 董明等	是中国的国际	BANGET AF
Į	3		Investment income (including	dividends, intere	est, and	21 120		'	21,138.
i			other similar amounts)			21,138.			21,130.
	4		Income from investment of tax	x-exempt bond p	proceeds	· · · · · · · · · · · · · · · · · · ·	<del> </del>	,	
- [	5		Royalties		· •	OF A MINE TONE OF NAC	We keep was also had a	Cided Contract	14 W. 18 18 18 18 18 18 18 18 18 18 18 18 18
			_	(ı) Real	(ii) Personal				
1	6		Gross rents	<b></b>	<del> </del> -				THE WASHINGTON
			Less rental expenses	ļ	<del> </del>				
			, ,	L	<u> </u>	By , The glubaring Freth as	· · · · · · · · · · · · · · · · · · ·	25000000000000000000000000000000000000	在教教(日本学)を表記(2017)
	_		Net rental income or (loss)	[ () 2	1 () ()	Control of the State of the State	**************************************	C. P. Carrier Transport	74.00.00 F (5), 154.00
	7	а	Gross amount from sales of	(i) Securities	(II) Other				<b>经过过过过</b>
		L	assets other than inventory		<del></del>		ETAMENTAL SE		
j		D	Less: cost or other basis						
i		_	and sales expenses	<del></del>	<del>. </del> -				
			Gain or (loss)	L		Table Con State of the Book	Carlotte Carlotte Carlotte	Eld Chestand The Chestal	\$10.4 of 31 be a ch - 2 d
	٥		Net gain or (loss) Gross income from fundraisin	a ovente (not		THE WASTERS	WAR THE NAME OF THE PARTY OF TH	\$45.00 MERTE	Will Was Bally
e e	0	а	including \$	of					
- Ke			contributions reported on line						
ag			Part IV, line 18	10, 300				<b>表现的人类是</b>	
Other Reven		h	Less direct expenses	t l					<b>企图为</b>
್ರಶ			Net income or (loss) from fund	-	<u> </u>	1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	9		Gross income from gaming ac	-		學是逐步發展	TO SACTORIA		Charles All Carles I
	•	_	Part IV, line 19		,				
ļ		b	Less direct expenses						
			Net income or (loss) from gam		<b></b>	1777 - 17 S S S S S S S S S S S S S S S S S S			
	10		Gross sales of inventory, less	-		<b>学生工作的</b>	· 有种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种	TERM SONS	E STATE OF THE STA
			and allowances	á	·			<b>《美国教育》</b>	
		b	Less. cost of goods sold	t	,	が表現の意識的	<b>美国的</b>		管護院官等等
		С	Net income or (loss) from sale	s of inventory	. •				
			Miscellaneous Revenu	le	Business Code	學。其就就於經濟學	<b>经营业的基本的</b>	特式的的影響	を見るできます。
	11	а						·	<u> </u>
		b				ļ			ļ
1		С						ļ <u>.</u>	<del></del>
ł			All other revenue		<u></u>		7	1-10 1 7 1 1 W. V	Sec. 22. 22. 2
		е	Total. Add lines 11a-11d		<b>&gt;</b>	6 001 100	ELECTION OF THE PARTY OF THE PA		01 100
	12		Total revenue. See instructions.			6,021,138.	0.	0.	21,138.

Sect	ion 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a respon	_	-	mpiete column (A).	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			A Principal Control of the Control o	
	and domestic governments. See Part IV, line 21		<u> </u>	<b>美国的国际企业,从</b>	
2	Grants and other assistance to domestic				言者在政治
	individuals See Part IV, line 22	·		是你就是一个是一个的。	"被禁犯"人类"特别"
3	Grants and other assistance to foreign	II		是統統的資訊就完	
	organizations, foreign governments, and foreign			<b>建筑</b>	
	individuals See Part IV, lines 15 and 16			138-2 17 Av 138-31 1 1815	<b>在成员的</b>
4	Benefits paid to or for members	<del></del>		34 Villa 12 - 1 - 34	至他學院 統 建物种经济
5	Compensation of current officers, directors,		}	•	
_	trustees, and key employees	_ <del></del>			
6	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	_ <del></del>			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		}		1
	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits Payroll taxes	<del></del>			
10 11	Fees for services (non-employees)				
''	Management				,
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		Carry Continued to	3 7 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
f	Investment management fees				
q		·			
3	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	668.	668.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,010.	1,010.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,240.	1,240.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			•	
23	Insurance	3,892.		3,892.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line		<b>国家的政策的基础</b>	國的物質多數學的	San Aller Comments
	24e amount exceeds 10% of line 25, column (A)				<b>超過激素為發生後</b>
	amount, list line 24e expenses on Schedule 0)	を必然の意味の	"人名,有多数,不是	<b>显得特別 國際國際國際</b>	ESTABLISHED FOR
а	Contracted Labor	55,816.	55,816.		
þ		10,145.		10,145.	
С	Payment to Contractor	5,000.	5,000.		
d				<del> </del>	
	All other expenses			14 22=	
25	Total functional expenses Add lines 1 through 24e	77,771.	63,734.	14,037.	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 (f following SOP 98-2 (ASC 958-720)		ł	}	1

Form 990 (2017)
Part X | Balance Sheet

L		Check if Schedule O contains a response or note	e to any l	ine in this Part X	<del> </del>		
		Ondown Ochedolo O Comains a response of not	to to arry	ine in this rate X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		<del></del>		1	19,900.
	2	Savings and temporary cash investments				2	5,923,467.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer offic	cers, directors.	Whitely Solver to be	1 1	高级 100 ml 100 ml
		trustees, key employees, and highest compensa		•	<b>上海的,从几次的东</b> 岛	500	
		Part II of Schedule L		-,		5	
	6	Loans and other receivables from other disqualif	fied perso	ons (as defined under	打工法院 家庭的 表 外 治	35	15 12 16 16 16 16 16 16 16 16 16 16 16 16 16
		section 4958(f)(1)), persons described in section	•	•	PART NOTES		<b>表现了是是是是是</b>
		employers and sponsoring organizations of secti			The state of the s		[清楚] [ [清] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
ι		employees' beneficiary organizations (see instr)	•			6	
Assets	7	Notes and loans receivable, net	٠,			7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other	1 1	•	15.6.6.2.2.4.4.4.4.6.6.6.6.6.6.6.6.6.6.6.6	e();;	<b>英语的表现的</b>
		basis Complete Part VI of Schedule D	10a		<b>的现在分类的原则</b>	- W- E	是例如其他人
	b	Less accumulated depreciation	10b			10c	
	11	Investments - publicly traded secunties		11	<u></u>		
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		0.	16	5,943,367.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F			21 71 122	21	3 2 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
es	22	Loans and other payables to current and former				\$ 360g	
<u> </u>	ļ	key employees, highest compensated employee	es, and di	squalified persons	· 直接をおけれる ランス、さいがらいないかどかん	27.72	高麗·森山山水中。山丘山山北京山水公。
Liabilities		Complete Part II of Schedule L				22	<del> </del>
	23	Secured mortgages and notes payable to unrela				23	<del></del>
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pay	-		İ	ĺ	
		parties, and other liabilities not included on lines	s 17·24) (	Complete Part X of			
i	00	Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	) shook	here X and	Mainta film of the stone of the state	26	
		complete lines 27 through 29, and lines 33 and		nere 21 and			
Ses	27	Unrestricted net assets	iu 34.		Marrie Landalla van 180 - 151 - 1	27	500.
<u>la</u> u	28	Temporarily restricted net assets				28	5,942,867.
Ва	29	Permanently restricted net assets		29	373227331		
PL,	23	Organizations that do not follow SFAS 117 (AS	25 NO 58 N 62 10 50 15 15 15 15		新聞問記以 BEBB 在 時日		
ı. F		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	THE PERSON OF THE PERSON OF		
sse	31	Paid in or capital surplus, or land, building, or eq		fund		31	
t As	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			0.	33	5,943,367.
	34	Total liabilities and net assets/fund balances			0.	34	5,943,367.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

<u>orn</u>	990 (2017) Community of Health	82-162	26178	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,021	.,1	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>71.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	5,943	3,3	<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,943	3,3	<u>67.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1 2	7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>O</b>			ليثا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			.* 1
	separate basis, consolidated basis, or both		,.	٠ ج٠	₹ 1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		· 😘	e s
	consolidated basis, or both		2. [	46	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	25.		لنثنا
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1	<u> </u>	, , , , , , , , , , , , , , , , , , ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	1 7	<u>···</u>	اء.ــا
	Act and OMB Circular A-133?		3a		X
ь	If "Ves." did the organization undergo the required audit or audite? If the organization did not undergo the required	ad sudit	1 1		i

Form 990 (2017)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2017

Open to Public `
Inspection \_

Name of the organization

North Central Accountable Community of Health

Employer identification number 82-1626178

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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 J 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (III) Type of organization (i) Name of supported (n) EIN (v) Amount of monetary in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		-			,	
	membership fees received (Do not				!		
	include any "unusual grants ")					6000000.	6000000.
2	Tax revenues levied for the organ-						
	ization'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					6000000.	6000000.
5	The portion of total contributions	5 5 5 B	م الماري والمارية		经展现 所收款	The state of the state of	
	by each person (other than a	Programme and the second					
	governmental unit or publicly			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	<b>松本美野</b> 罗	Transparence of the second		<b>海绵之</b> 多	<b>工作的基础等</b>	
6	Public support, Subtract line 5 from line 4	學所養物學學	<b>工程的批准结合</b> 。	なるがれるとははいせ	等。香港開始實	ない。	6000000.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					6000000.	6000000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					21,138.	21,138.
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	<b>了位于这种独特的</b>	SEPTO STATE	は守むをお扱い	<b>美學的學生的學</b>	力をある。一般には、	6021138.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	o here					►X
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (le	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. 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 qual	ifies as a publicly s	supported organiza	ition			▶
17a	7a 10% -facts-and-circumstances test - 2017. 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 "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% 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-circ						▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2017 Community of Health

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked			organization failed	to qualify under h	art II If the organiz	zation fails to
Sec	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II)		<del> </del>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	10 Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	13/20/0	(2)	19/ 33/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
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 organ- ization'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						
	Total. Add lines 1 through 5 amounts included on lines 1, 2, and				<u> </u>		
t	3 received from disqualified persons 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)	in the				1. 5 %	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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)						
	Total support (Add lines 9, 196, 11, and 12)	L	L	l	<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	r the organization's	first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here	0 + 10		<del></del>			
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2017 (I			column (f))		15	
	Public support percentage from 2016			····		16	%
	ction D. Computation of Inves					TT	
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from				. 46	18	%
	33 1/3% support tests - 2017. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶□
	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization					_	

# Schedule A'(Form 990 or 990-EZ) 2017 Community of Health

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C if you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? if "Yes," answer (b) and (c) below
- 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
- 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
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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).
- 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.
- **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.
- 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.
- 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 10b below
  - 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.)

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North Central Accountable 82-1626178 Page 5 Schedule A (Form 990 or 990-EZ) 2017 Community of Health Part IV: Supporting Organizations (continued) Yes No . 7. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Nο Yes 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported A ... 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). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
	The organization satisfied the Activities Test. Complete line 2 below

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),

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify

those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined

how the organization was responsive to those supported organizations, and how the organization deteri that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* 

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.

	Yes	No
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2b	,	
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3b		

# North Central Accountable

	dule A (Form 990 or 990 EZ) 2017 Community of Health			2-1626178 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in F	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion 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	<u> </u>	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	200		<b>学的原则是是是是</b>
	instructions for short tax year or assets held for part of year)	48, 23		<b>《是》。《图》,是个"等"。</b>
а	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	100		这位是否是自己的
	factors (explain in detail in Part VI)		最高的基础。 14年第一日本	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			1
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	经注册证明 医二种	
2	Enter 85% of line 1	2	<b>的思考性。1995年到最時間</b>	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· 1960年中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	
4	Enter greater of line 2 or line 3	4	此外就理學學語言語傳統學的	
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		10 77 18 14 15 18 18 18 18 18 18 18 18 18 18 18 18 18	
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2017

instructions)

North Central Accountable Schedule A (Form 990 or 990-EZ) 2017 Community of Health 82-1626178 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions **数多多等等的数分类数** Excess distributions carryover, if any, to 2017 THE PROPERTY OF THE PARTY OF TH 学的一个一个一个 **b** From 2013 **表现的证明的** c From 2014 **全国的基础的特别的 经验的现在分词** · **建**於於於於於 d From 2015 至其代字的表示。如此,如此是此時,如此是一個學的學 於國際中國語 e\_From 2016 **电影影响的电影影响** f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount **经验证证据的** Carryover from 2012 not applied (see instructions) **和希腊的是否参考的**这么 **这个是一个的一个人,不是是是** Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. line 7 **经验的证券是学院的** a Applied to underdistributions of prior years **这是一种特别的特别的一种的一种的特别的一种的特别的** b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c. 於經過經過 透明的最高的表現中的 8 Breakdown of line 7

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Schedule A (Form 990 or 990-EZ) 2017

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a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

# North Central Accountable Schedule A'(Form 990 or 990 EZ) 2017 Community of Health

Schedule A	(Form 990 or 990 EZ) 2017 Community of	f Health	82-1626178 Page 8
Part VI	Supplemental Information. Provide the expart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section D, lines 5, 6, and 8, and Part V, Section E, (See instructions)	xplanations required by Part II, line 10, Part I 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti ection E, lines-1c, 2a, 2b, 3a, and 3b, Part V,	I, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C, line 1, Part V, Section B, line 1e, Part V,
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# **SCHEDULE 0** (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 Open to Public ; Inspection . . . . .

Name of the organization

North Central Accountable Community of Health

Employer identification number 82-1626178

Form 990, Part I, Line 1, Description of Organization Mission:
people who live in them, improve health care access, quality, the
experience of care, and lower per capita health care costs in the North
Central region.
Form 990, Part III, Line 1, Description of Organization Mission:
Douglas, Grant, and Okanogan counties (the "North Central Regional
Service Area").
Form 990, Part VI, Section B, line 11b:
The 990 form was made available to NCACH governing board members prior to
filing the form.
Form 990, Part VI, Section B, Line 12c:
At every governing board meeting, NCACH routinely asks for members to
disclose any conflict of interest pertaining to the materials listed in the
board agenda. Annually, NCACH staff sends out the conflict of interest
policy and asks board members to provide updated details on any conflicts
they may have over the course of the new year.
Form 990, Part VI, Section B, Line 15:
NCACH does not have any paid officers or key employees.
Form 990, Part VI, Section C, Line 19:
NCACH has all governing board and workgroup documents posted publicly on
the ncach.org webpage. Documents are sent out prior to meetings for all

Schedule O (Form 990 or 990 EZ) (2017)	
Name of the organization North Central Accountable	Employer identification number
Community of Health	82-1626178
partners to see. Financial statements are posted as part o	f the meeting
documents on the webpage and shared at the open meetings o	f the governing
Board. NCACH posts the conflict of interest policy on the	
under the governing board section.	
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