

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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

TO PROVIDE COMPREHENSIVE, HIGH-QUALITY HEALTHCARE CONSISTENT WITH OUR COMMUNITIES' NEEDS

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 300,258,157	including grants of \$ 670,526	(Revenue \$ 395,144,210 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	300,258,157
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	299	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

<b>2a</b> 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 . . . . .		<b>2a</b>	2,403	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>		
<b>4a</b> 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)? . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .						
				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .						
				<b>16</b>		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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	9	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	9	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**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.  
 ▶ LEE LIVIN CFO 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301 (928) 771-5691

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paula Kneisl Trustee	5 00 ..... 0 0	X						0	0	0
(2) Steve Sischka Trustee	5 00 ..... 0 0	X						0	0	0
(3) Mike Beatty Vice-Chairman	5 00 ..... 0 0	X		X				0	0	0
(4) Jane Bristol Chairman	5 00 ..... 0 0	X		X				0	0	0
(5) Jim Howard Trustee	5 00 ..... 0 0	X						0	0	0
(6) Daniel Storvick Secretary	5 00 ..... 0 0	X		X				0	0	0
(7) Tony Ferrulli Treasurer	5 00 ..... 0 0	X		X				0	0	0
(8) Charlie Bomberger Trustee	5 00 ..... 0 0	X						0	0	0
(9) M Keith Piatt Trustee	5 00 ..... 0 0	X						0	0	0
(10) Diane Drexler CNO	40 00 ..... 0 0			X				355,493	0	118,888
(11) Larry P Burns COO	40 00 ..... 0 0			X				916,492	0	86,690
(12) Lee Livin CFO	39 01 ..... 1 0			X				515,634	0	126,951
(13) John R Amos CEO	39 01 ..... 1 0			X				920,580	0	203,969
(14) Timothy Roberts CIO	40 00 ..... 0 0			X				287,378	0	43,568
(15) Anthony Torres CMO	40 00 ..... 0 0			X				446,126	0	119,032
(16) Frank Almendarez Chief ADMIN OFFICER	40 00 ..... 0 0			X				282,548	0	95,414
(17) Mark Timm DIRECTOR OF HUMAN RESOURCES	40 00 ..... 0 0				X			302,307	0	90,288

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Roberta Nicol ..... Director of Philanthropy	39 0 ..... 1 0				X			319,755	0	84,256
(19) George T Rizk ..... Physician	40 0 ..... 0 0					X		762,389	0	41,926
(20) NISHA TUNG-TAKHER ..... Physician	40 0 ..... 0 0					X		1,327,724	0	57,048
(21) Shayan Alam ..... Physician	40 0 ..... 0 0					X		894,969	0	56,512
(22) John J Giardina ..... Physician	40 0 ..... 0 0					X		738,930	0	34,122
(23) Soundos K Moualla ..... Physician	40 0 ..... 0 0					X		740,418	0	33,896
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,810,743	0	1,192,560

**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 ► 221

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> 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 . . . . .	Yes	
<b>5</b> 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 . . . . .		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
CERNER CORP, PO BOX 959156 ST LOUIS, MO 631959156	Software Service	17,597,333
Cardinal Distribution, File 57130 LOS ANGELES, CA 900717130	Medical	14,385,851
Owens and Minor Inc, File No 53523 LOS ANGELES, CA 900743523	Healthcare Logistics	6,603,354
NAZ Hospitalists, PO Box 11720 MINNEAPOLIS, AZ 86304	Medical Service	4,506,200
Boston Scientific Corporation, PO BOX 951653 DALLAS, TX 753951653	Medical Devices	429,422

**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 ► 175



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	616,292			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	380,673			
	g	Noncash contributions included in lines 1a - 1f \$					
	h	Total. Add lines 1a-1f . . . . .		996,965			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code				
			561110	393,407,146	393,407,146		
	b	RURAL HOSPITAL/EMERGENCY FUND PAYMENTS	900099	1,486,319	1,486,319		
	c	WELLNESS PROGRAM	561110	227,592	227,592		
	d	INCOME/(LOSS) FROM EQUITY INVESTEE	561110	-200,904		11,230	
						-212,134	
	e	MISCELLANEOUS PROGRAM INCOME	900099	23,153	23,153		
	f	All other program service revenue					
g	Total. Add lines 2a-2f . . . . .		394,943,306				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,697,251		4,697,251	
	4	Income from investment of tax-exempt bond proceeds		21,760		21,760	
	5	Royalties . . . . .		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			627,219				
	b	Less rental expenses					
	c	Rental income or (loss)	627,219	0			
	d	Net rental income or (loss) . . . . .		627,219			627,219
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			60,658,284	23,450			
	b	Less cost or other basis and sales expenses	58,852,878				
	c	Gain or (loss)	1,805,406	23,450			
	d	Net gain or (loss) . . . . .		1,828,856			1,828,856
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0			
	b	Less direct expenses . . . . .	b	0			
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a	0			
	b	Less direct expenses . . . . .	b	0			
	c	Net income or (loss) from gaming activities . . . . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a	263,671			
b	Less cost of goods sold . . . . .	b	178,332				
c	Net income or (loss) from sales of inventory . . . . .		85,339			85,339	
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA	722514	1,680,275			1,680,275	
b	VENDING/COPY MACHINE	900099	33,389			33,389	
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		1,713,664				
12	Total revenue. See Instructions . . . . .		404,914,360	395,144,210	11,230	8,761,955	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	670,526	670,526		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,632,456	824,411	4,464,636	343,409
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	125,327,554	100,329,720	24,457,672	540,162
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,998,529	2,400,442	585,163	12,924
<b>9</b> Other employee benefits.	25,141,128	20,126,479	4,906,291	108,358
<b>10</b> Payroll taxes.	8,584,208	6,872,002	1,675,208	36,998
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management.	0			
<b>b</b> Legal.	382,226		382,226	
<b>c</b> Accounting.	149,589		149,589	
<b>d</b> Lobbying.	43,041		43,041	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	326,468		326,468	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,264,311	19,424,552	4,735,180	104,579
<b>12</b> Advertising and promotion.	504,761	404,081	98,504	2,176
<b>13</b> Office expenses.	8,505,586	6,809,062	1,659,865	36,659
<b>14</b> Information technology.	21,906,668	17,537,164	4,275,086	94,418
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	4,141,454	3,315,399	808,205	17,850
<b>17</b> Travel.	388,043	310,644	75,727	1,672
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	283,392	226,867	55,304	1,221
<b>20</b> Interest.	3,474,769	2,781,692	678,101	14,976
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	15,649,584	12,528,118	3,054,016	67,450
<b>23</b> Insurance.	2,129,729	1,704,933	415,617	9,179
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	62,612,395	62,612,395		
<b>b</b> BAD DEBT	21,648,302	21,648,302		
<b>c</b> REPAIRS & MAINTENANCE	8,167,139	6,538,122	1,593,817	35,200
<b>d</b> MINOR EQUIPMENT	1,674,988	1,340,895	326,874	7,219
<b>e</b> All other expenses	14,805,446	11,852,351	2,889,283	63,812
<b>25</b> Total functional expenses. Add lines 1 through 24e.	359,412,292	300,258,157	57,655,873	1,498,262
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		28,937,651	<b>1</b>	27,632,882
	<b>2</b>	Savings and temporary cash investments . . . . .		18,638,917	<b>2</b>	14,461,883
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		41,640,922	<b>4</b>	43,155,358
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		364,800	<b>7</b>	373,167
	<b>8</b>	Inventories for sale or use . . . . .		5,353,751	<b>8</b>	6,446,150
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,417,870	<b>9</b>	1,197,213
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	361,668,586		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	196,982,698		
				159,045,240	<b>10c</b>	164,685,888
	<b>11</b>	Investments—publicly traded securities . . . . .		167,153,942	<b>11</b>	203,345,077
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		4,038,288	<b>13</b>	3,769,214
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		3,292,873	<b>15</b>	3,002,820	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		430,884,254	<b>16</b>	468,069,652	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		30,396,265	<b>17</b>	32,931,444
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		1,416,003	<b>19</b>	1,360,352
	<b>20</b>	Tax-exempt bond liabilities . . . . .		89,975,000	<b>20</b>	87,090,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		2,453,177	<b>23</b>	2,129,637
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		5,425,691	<b>25</b>	7,251,255
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		129,666,136	<b>26</b>	130,762,688
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		301,200,685	<b>27</b>	337,289,368
	<b>28</b>	Temporarily restricted net assets . . . . .		17,433	<b>28</b>	0
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	17,596
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		301,218,118	<b>33</b>	337,306,964	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		430,884,254	<b>34</b>	468,069,652	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	404,914,360
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	359,412,292
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	45,502,068
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	301,218,118
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,407,920
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-5,302
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	337,306,964

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**Software ID:**  
**Software Version:**  
**EIN:** 86-0098923  
**Name:** Yavapai Community Hospital Association

Form 990 (2018)

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

PROGRAM SERVICE DESCRIPTION Yavapai Regional Medical Center (YRMC) provides health, healing and hope for every man, woman and child living in our region through high quality inpatient and outpatient services as well as a wide range of valuable community outreach programs YRMC proudly serves the healthcare needs of people of all ages and from all walks of life We're pleased to meet those needs 24 hours a day, 365 days a year YRMC's sole purpose is to provide high-quality healthcare for the communities we serve There are no stockholders to whom we must pay dividends, we focus instead on the people we serve The "dividends" they receive are healthier lives for themselves and those they love Any money remaining after YRMC has covered its expenses goes back into the organization to help expand programs and add new services for the people in our communities YRMC's Vision is Creating a Total Healing Environment, in which the people associated with YRMC work in partnership with patients and their families who are seeking peace of mind and peace of heart as well as physical cure and comfort because we honor the indivisible relationship that exists between body, mind and the human spirit The spirit of caring is a higher calling that resonated throughout YRMC in 2018 YRMC's family which is comprised of board members, community leaders and advocates, philanthropic donors, employees, physicians and volunteers did not waver from this spirit of caring YRMC has two hospitals, one in Prescott, YRMC West, and one in Prescott Valley, YRMC East Consider that in 2018, YRMC embraced its not-for-profit mission by investing in community benefit for the people of western Yavapai County This includes direct healthcare services as well as programs that improve health and prevent illness In 2018, YRMC touched nearly every one of the residents in our service area through our community benefit and health education programs YRMC directly partnered with 46 community-based organizations and engaged a large number of community members as a result YRMCs Celebrate Life Health Expo hosted 86 exhibitors to provide a wide range of health information and education for 758 participants from the community The spirit of YRMC is one of treating each patient as a unique and valuable human being Every one of the tiny newborns entering the world at YRMCs Family Birthing Center is one of those special people The frail elderly patients many of whom are centenarians are among those special people The uninsured women diagnosed with cancer and who receive help from our BreastCare Center thanks to our Community Care Fund are among those special people YRMC provides peace of mind and peace of heart year in and year out to all our patients, each one of whom is a special person YRMC also offers a patient assistance program to help people who have no insurance or who have limited insurance coverage At no time has this kind of support been more important or more welcomed than now YRMC works diligently with patients to allow them to worry less about paying for services and be able to focus more directly on recovering and getting back on their feet 2018 was another year of providing personalized care to many thousands of people For example, 993 babies were born in YRMC's obstetrics department With YRMCs Level II nursery many of the babies who are unable to be discharged to home spend additional days and weeks in our care These are pre-term babies with low birth weight and many of them are addicted to controlled substances due to their mothers use of heroin, meth and other hard drugs a heartbreaking reality in many Arizona homes which is directly related to the lack of even minimal mental health and substance abuse services, prenatal care and other support services to those in need Its the helpless and innocent infants who suffer the most YRMCs OB nurses do their level best when these tiny, fragile infants are in our care Increasingly, economic conditions along with the added challenges of new babies can create stress that's unmanageable for many young families Consequently, YRMC provides Family Resource Center services that include free parenting education, counseling services and coordination with other community resources that can help support young families in need This program has also provided basic necessities for new families such as baby formula and diapers The Family Resource Center advised 951 parents on how to care for their newborns through the First Steps program And personal visits were provided to 76 families for ongoing support through YRMC's Healthy Families Program These programs focus on eliminating child abuse and neglect among participating families YRMC is doing all it can to help our local community with these challenges as part of our not-for-profit mission YRMC also offers the Partners for Healthy Students program, another effort to try to fill gaps in the national policy regarding the provision of healthcare services for the underserved This is a school-based health program for children who are uninsured or underinsured High insurance costs often mean that young families can only purchase insurance policies with enormous deductibles, rendering the value of their insurance for regular preventive care or basic primary care unaffordable and, therefore, inaccessible The program is led by two pediatric nurse practitioners who work in conjunction with a local pediatrician School-age children and their siblings are diagnosed and treated for a wide variety of health problems A specially-equipped medical van is sent to local schools especially in the outlying areas where unemployment is rampant Some children have previously undiagnosed chronic health problems like asthma, allergies, ear infections and subsequent hearing loss, or vision problems Many children have never seen a dentist and have painful tooth decay to the point that their teeth are black and rotted down to the gums These children suffer tremendous pain every day along with the social embarrassment of bad teeth and bad breath The program helps ensure all these children are given the care and treatment they need but could not otherwise receive Health problems can seriously impede children's ability to learn and to grow up as healthy and productive adults In 2018, 1,094 students received free healthcare services through 27 in-school clinics and the YRMC Mobile Kids Health Clinic YRMC is proud to provide these services at no charge to those in need There are also numerous beneficial programs provided for adults by YRMC For example, in 2018 more than 195 people suffering with respiratory problems were helped to breathe easier through the hospitals classes in respiratory wellness YRMC provided more than 500 meals for the local womens shelter in 2018 YRMC also helped financially support the No Hungry Kids initiative to feed children from underserved homes year-round The James Family Heart Center at YRMC performs hundreds of cardiac and thoracic cases and has also perfected a blood management program which greatly benefits patients In 2018, YRMC provided 491 electrophysiology procedures in the new hybrid operating room There were 1,174 cardiac catheterization procedures and 211 open heart surgeries There were also 41 TAVR procedures There were 560 interventional cardiology procedures and 279 interventional radiology procedures In 2018, YRMC helped hundreds of individuals with diabetes better manage their health through outpatient education in order to prevent hospitalization and the many complications diabetes can cause Many newly-diagnosed diabetics learned more about their condition and how to maintain and optimize their health More than 1,865 patients participated in YRMCs Diabetes Support Program A vigorous community outreach program reached more than 95,000 homes each month throughout 2018 with complimentary, current health information This includes free community newsletters and mailers, health fairs and a speakers bureau service, providing 174 presentations from YRMC health professionals about health-related topics to 3,480 people Many speakers also distribute additional free take-home information provided by YRMC for future reference, whether it be about fitness, nutrition, stress management or whatever topic the group requests YRMC's Physical Rehabilitation department also provides a free stroke support group for stroke patients and their caregivers Everyone can benefit from the fall risk assessment program which helps determine an individual's risk of falling down Falls can lead to debilitating injuries and even death, especially for those over the age of 65 Given the fact this community has a disproportionately high number of people over the age of 65, this is a critically important health education effort This assessment program helps identify risk factors and physical rehab can help assist people with specific strengthening exercises

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Yavapai Community Hospital Association

Employer identification number

86-0098923

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 86-0098923  
Name: Yavapai Community Hospital Association

**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

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2018</b>
<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b> <b>▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>		<b>Open to Public Inspection</b>

**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 Yavapai Community Hospital Association	<b>Employer identification number</b> 86-0098923
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

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

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

**d** Other exempt purpose expenditures

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

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

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

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

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

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

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

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		43,041
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total Add lines 1c through 1i			43,041
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	DESCRIPTION OF LOBBYING ACTIVITY YAVAPAI COMMUNITY HOSPITAL ASSOCIATION RECEIVED CORRESPONDENCE FROM THE ARIZONA HOSPITAL ASSOCIATION REGARDING THEIR MEMBERSHIP DUES A PORTION OF THEIR DUES WERE ATTRIBUTABLE TO LOBBYING



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SCHEDULE D

(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Yavapai Community Hospital Association

Employer identification number

86-0098923

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,225	22,296	50,315	48,024	204,159
b Contributions	163	107	7,367		
c Net investment earnings, gains, and losses	446	1,014	2,718	2,291	280
d Grants or scholarships					
e Other expenditures for facilities and programs	420	1,192	38,104		156,415
f Administrative expenses					
g End of year balance	22,414	22,225	22,296	50,315	48,024

2

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

a

Board designated or quasi-endowment

21

240 %

b

Permanent endowment

78

760 %

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,532,949		12,532,949
b Buildings		151,878,798	54,070,237	97,808,561
c Leasehold improvements		12,662,511	9,297,546	3,364,965
d Equipment		132,504,204	91,272,400	41,231,804
e Other		52,090,124	42,342,515	9,747,609
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				164,685,888

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
ACCRUED BOND INTEREST	1,318,017	
BOND PREMIUM	2,419,272	
SERP LIABILITY	1,258,111	
EMR	2,255,855	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	7,251,255	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0098923  
**Name:** Yavapai Community Hospital Association

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS TEMPORARILY RESTRICTED NET ASSETS ARE THOSE WHOSE USE BY THE ORGANIZATION HAS BEEN LIMITED BY DONORS TO SPECIFIED TIME PERIOD OR PURPOSE PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED FOR THE HENDRICKS ENDOWMENT FUND, WHICH WAS CREATED TO HELP SUPPORT EDUCATION FOR INDIVIDUALS WHO ARE INTERESTED IN WORKING IN A HEALTHCARE ENVIRONMENT

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	<p>UNCERTAIN TAX POSITIONS Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements</p>

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Yavapai Community Hospital Association

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Employer identification number  
86-0098923

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ 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

☐ 100%

☒ 150%

☐ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 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

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

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

7Financial 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)			2,145,710		2,145,710	0 630 %
b Medicaid (from Worksheet 3, column a)			44,070,290	33,250,345	10,819,945	3 210 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			46,216,000	33,250,345	12,965,655	3 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	26	336,912	922,419	342,260	580,159	0 170 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	1	1,517	42,122,363	19,734,277	22,388,086	6 610 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	55,312	185,229		185,229	0 050 %
j Total. Other Benefits	32	393,741	43,230,011	20,076,537	23,153,474	6 830 %
k Total. Add lines 7d and 7j	32	393,741	89,446,011	53,326,882	36,119,129	10 670 %

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

Cat No 50192T

Schedule H (Form 990) 2018



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development	1		22,500		22,500	0.660 %
<b>3</b> Community support	2	12,060	15,118		15,118	0.450 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building	1	31	4,512		4,512	0.130 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	1		1,751		1,751	0.500 %
<b>9</b> Other						
<b>10 Total</b>	5	12,091	43,881		43,881	1.740 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	21,648,302	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	89,629,871
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	108,725,476
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-19,095,605
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**2**

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C FOR URL</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>SEE PART V, SECTION C FOR URL</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>see part v, section c for url</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>see part v, section c for url</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see part v section c for url</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

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

A

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	



**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	CALCULATION OF COMMUNITY BENEFIT EXPENSES THE ORGANIZATION USED A COST-TO CHARGE RATIO FOR LINE 7A-7C & 7G THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES THE ORGANIZATION USED A COST ACCOUNTING AMOUNT FOR THE OTHER MEANS TESTED PROGRAMS ON LINE 7C THAT RELATED TO THE JOINT VENTURES THE INFORMATION FOR LINES 7E THROUGH 7I WAS DERIVED FROM INFORMATION IN THE GENERAL LEDGER AND OTHER FINANCIAL DATA RELATED SPECIFICALLY TO THE VARIOUS TYPES OF COMMUNITY BENEFITS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	CLINICS INCLUDED AS SUBSIDIZED SERVICES THE SUBSIDIZED SERVICES ON LINE 7G INCLUDE PHYSICIAN CLINICS IN PRESCOTT AND PRESCOTT VALLEY THE CLINICS IMPROVE COMMUNITY ACCESS TO HEALTHCARE SERVICES SUCH AS CARDIOLOGY AND NEUROSURGERY WITHOUT THE CARDIOLOGY CLINICS, THE COMMUNITY WOULD BE UNDERSERVED, AS THIS WOULD CAUSE A SHORTAGE OF ACCESS FOR THIS TYPE OF CARE THE DEMOGRAPHICS ARE MAINLY THAT OF THE MEDICARE POPULATION, AND ADDITIONAL TRAVEL TIME FOR RESIDENTS TO OBTAIN SIMILAR CARE IN OTHER AREAS WOULD BE DIFFICULT FOR RESIDENTS THE NEUROSURGEY CLINIC IS THE ONLY CENTER AVAILABLE IN THE CITY OF PRESCOTT

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE TOTAL BAD DEBT EXPENSE REMOVED FROM THE DENOMINATOR PRIOR TO THE PERCENTAGE CALCULATION = \$21,648,302

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE HOSPITAL IS DEDICATED TO PROMOTING THE GENERAL HEALTH OF THE POPULATION THE ACTIVITIES IN PART II CONTRIBUTE TO THE VITALITY OF THE COMMUNITY WHICH IS ONE OF MANY FACTORS THAT IMPACT THE HEALTH OF THE COMMUNITY AND PROVIDES A BENEFIT OF OUR COMMUNITY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	THE HOSPITAL RECOGNIZES ITS RESPONSIBILITY TO PROVIDE FOR THE NEEDS OF THE COMMUNITY, REGARDLESS OF PATIENTS' ABILITY TO PAY IN MANY CASES, PATIENTS ARE UNWILLING OR UNABLE TO PAY AFTER SERVICES HAVE BEEN PROVIDED, EVENTUALLY RESULTING IN BAD DEBT NEVERTHELESS, IF THESE SERVICES WERE NOT PROVIDED BY THE ORGANIZATION, THE HEALTHCARE NEEDS OF THESE PATIENTS MIGHT NOT OTHERWISE BE FULFILLED WITHIN THE COMMUNITY THEREFORE, THE ORGANIZATION BELIEVES THAT THE SERVICES NOT PAID FOR SHOULD BE INCLUDED IN COMMUNITY BENEFIT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	THE ORGANIZATION DOES NOT CONSIDER ANY OF ITS BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	Accounting Standard Codification Topic 606, Revenue from Contracts with Customers has changed how Yavapai recognizes revenue the new standard removes the Bad debt Expense from being reported on the Audited Financial Statements Due to the change in revenue recognition Yavapai Regional Medical Center does not have a Bad debt Expense listed in the Audited financial Statements

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	THE SHORTFALL FROM MEDICARE SHOULD BE CONSIDERED COMMUNITY BENEFIT TO THE EXTENT THAT THE ORGANIZATION COULD NOT REASONABLY REDUCE ITS COSTS TO A LOWER LEVEL WHILE HARD TO PROJECT THE POTENTIAL SAVINGS FROM VARIOUS POSSIBLE COST CUTTING MEASURES, IT IS REASONABLE TO ASSUME THAT AT LEAST 50% OF THE SHORTFALL MIGHT NOT OTHERWISE BE RECOVERED THROUGH SAVINGS MEASURES BECAUSE THE ORGANIZATION IS COMMITTED TO MEETING THE NEEDS OF THE COMMUNITY, ANY PATIENT THAT PRESENTS FOR MEDICAL TREATMENT WHO IS COVERED UNDER MEDICARE WILL BE SERVED, DESPITE THE POTENTIAL DETRIMENTAL IMPACT ON THE ORGANIZATION'S FINANCIALS WITH RESPECT TO THE SOURCE USED TO DETERMINE THE MEDICARE ALLOWABLE COST ON LINE 6, THE FOLLOWING LINES FROM THE MEDICARE COST REPORT WERE USED LINE 53 (TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NON-PHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS) AND LINE 104 (NET CHARGES FOR ANCILLARY SERVICE COST CENTERS )



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	IF IT WAS NOT KNOWN AT THE POINT OF SERVICE THAT THE PATIENT HAD THE INABILITY TO PAY, THE PATIENT MAY BE SCREENED 1) BY PHONE OR 2) IN PERSON BY THE CUSTOMER SERVICES REPRESENTATIVE THE CUSTOMER SERVICE REPRESENTATIVE WILL UTILIZE THE FINANCIAL ASSISTANCE WORKSHEET TO DETERMINE THE PATIENT'S ABILITY/INABILITY TO PAY IF THE DETERMINATION INDICATES THE PATIENT HAS THE ABILITY TO PAY, OTHER OPTIONS FOR PAYMENTS WILL BE EXPLAINED IF THERE IS NO ABILITY TO PAY, THEN THE APPLICATION WILL BE SUBMITTED FOR CONSIDERATION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT YRMC USES SEVERAL MEASURES BY WHICH TO ASSESS COMMUNITY HEALTH NEEDS ONE MEASURE IS OUR MIGRATION BY SERVICE AS AN EXAMPLE, PRIOR TO OPENING OUR CARDIOVASCULAR SURGERY PROGRAM IN 2007, WE SAW MANY HUNDREDS OF PEOPLE LEAVING OUR COMMUNITY TO GO TO PHOENIX - 100 MILES AWAY FOR OPEN HEART SURGERY THIS WAS AN INDICATION OF A NEED IN OUR COMMUNITY THAT REQUIRED YRMC'S FOCUSED ATTENTION AND EFFORTS THAT CULMINATED IN THE HEART CENTER AT YRMC YRMC CONSTANTLY MONITORS VOLUME AND UTILIZATION DATA IN ITS SERVICE LINES TO HELP DETERMINE LEVEL OF NEED IN THE COMMUNITY FOR EACH SERVICE LINE WHEN VOLUME FIGURES VARY FROM ANTICIPATED VOLUME, YRMC CAREFULLY EXPLORES REASONS BEHIND THOSE VARIANCES AND ADDRESSES THEM APPROPRIATELY FOR EXAMPLE, IF A DROP IN SURGICAL VOLUME IS RELATED TO A NEED FOR MORE GENERAL SURGEONS, EFFORTS ENSUE TO RECRUIT ADDITIONAL SURGEONS YRMC ALSO SPENDS A GREAT DEAL OF TIME LISTENING TO THE COMMUNITY BY WAY OF FOCUS GROUPS, COMMUNITY INVOLVEMENT BY SENIOR MANAGEMENT, PATIENT SURVEY FEEDBACK, AND COMMUNITY OUTREACH EFFORTS AS OUR CEO HAS STATED, WE LEARN MORE BY LISTENING THAN BY TALKING YRMC IS REGARDED BY THE COMMUNITY AS A KEY RESOURCE AND AN ASSET CONSEQUENTLY, COMMUNITY MEMBERS FEEL VERY COMFORTABLE AND FREE IN SHARING THEIR PERCEPTIONS AND PERSPECTIVES YRMC ALSO ENGAGES NATIONAL RESEARCH CORPORATION (NRC) TO CONDUCT COMMUNITY NEEDS ASSESSMENT RESEARCH THE STUDY OBJECTIVES INCLUDE THE FOLLOWING A MEASURE AND EVALUATE HEALTH STATUS AND HEALTHCARE UTILIZATION WITHIN THE COMMUNITY B IDENTIFY THE PREVALENCE OF CHRONIC CONDITIONS WITHIN VARIOUS DEMOGRAPHIC SEGMENTS WITHIN THE COMMUNITY C PROFILE HIGH-RISK POPULATIONS D IDENTIFY GAPS IN CARE AND PREVENTIVE HEALTH BEHAVIORS AMONG VARIOUS DEMOGRAPHIC SEGMENTS WITHIN THE COMMUNITY</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE WHEN PATIENTS PRESENT FOR ADMISSION, THEY ARE ASKED TO REVIEW AND INITIAL A PATIENT CONSENT FORM THE PATIENT CONSENT FORM CONTAINS A PARAGRAPH ENTITLED FINANCIAL ASSISTANCE PROGRAMS THIS PARAGRAPH INDICATES THAT THE PATIENT MAY BE CONSIDERED FOR FINANCIAL ASSISTANCE IF ELIGIBILITY CRITERIA ARE MET THE PATIENT IS REQUIRED TO INITIAL A BOX NEXT TO THE PARAGRAPH INDICATING THEY HAVE READ IT AND CONSENT THIS SAME FORM ALSO CONTAINS LANGUAGE REGARDING THE ASSIGNMENT OF BENEFITS IF ELIGIBLE FOR MEDICARE IN ADDITION TO THE ABOVE, PATIENTS MAY WORK DIRECTLY WITH PATIENT FINANCIAL SERVICES AT THE HOSPITAL TO MAKE PAYMENT ARRANGEMENTS OR APPLY FOR FINANCIAL ASSISTANCE EDUCATION REGARDING ASSISTANCE GENERALLY OCCURS AS THE NEED ARISES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION YRMC SERVES THE RURAL COMMUNITIES IN THE WESTERN PORTION OF YAVAPAI COUNTY IN NORTHERN ARIZONA YRMC'S SERVES APPROXIMATELY 175,000 MEN, WOMEN AND CHILDREN LIVING IN AN AREA LARGER THAN THE STATE OF NEW JERSEY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH The hospital is dedicated to meeting community needs and promoting the general health of the population When YRMC built and opened the family birthing center, it was not because it believed that this would be a profitable service line (66% of admits to OB are on the state's Medicaid program) but because it understood there was a community need for expanded services YRMC also subsidizes the Family Resource Center, a program that helps young parents learn healthy parenting skills and matches them to local resources they need The staff works closely with the OB staff in visiting all new Moms who deliver babies at YRMC They are presented with a growth and development calendar to help them understand what can be expected in their babies first year Staff also invites new parents to participate in the Family Resource Center programs In addition, the hospital is actively recruiting physicians to the community and has implemented an employed physician model in order to further assist the community in addressing a severe shortage of physicians The hospital's board of directors is community based and selected by a council of electors comprised of representatives from various government and community agencies and non-profit groups from throughout the hospital's service area The hospital invests and utilizes any excess funds from operations as a safeguard for potential financial challenges and to fund future capital needs</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6	AFFILIATED HEALTH CARE SYSTEM Yavapai Regional Medical Center is not part of an affiliated health care system

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	STATE FILING OF COMMUNITY BENEFIT REPORT Yavapai Regional Medical Center does not file a community benefit report with the state

Form and Line Reference	Explanation
SCHEDULE H, PART VI	<p>ADDITIONAL COMMUNITY BENEFIT OVERVIEW FOR 2018 Yavapai Regional Medical Center proudly serves a 5,500 square mile area of western Yavapai County YRMC is deeply committed to supporting the local community in multiple ways, many of which are provided at no cost (or at a financial loss) to benefit our community, its growth and development, people who are in search of more information about their health and how to take better care of themselves, and those who are vulnerable YRMC is the major employer in all of Yavapai County with 1,983 employees Our annual salaries, wages and benefits of about \$130,006,314 turn over multiple times throughout the community and support the local economy We are honored to have more than 700 Volunteers from the local community who dedicate their time and talent to helping YRMC, our programs, services and patients This is another testament to the strong presence of YRMC and the community's appreciation for all we do With a medical staff of approximately 443 providers representing a wide range of specialties and touting training for highly prestigious locations such as Johns Hopkins, Harvard, UCLA, Duke University, Mayo Clinic and more, we clearly have a robust healthcare team to serve the community YRMC prides itself in its involvement in local community-building and community outreach activities such as active participation in all the local Chambers of Commerce, sponsoring a walking club at the local indoor shopping mall, being a national leader in Patient Blood Management and much more YRMC greatly enhanced its presence in electronic and social media in 2018 YRMC's premier website is a trusted health information source It includes information about our services, our physicians, our Community Benefit programs, our many Community Outreach efforts, and links with other valuable online sites YRMC's active presence on Facebook and Twitter are examples of the many ways YRMC connects with the community in real time Obstetrics and Nursery Services As a sole community provider for this region, YRMC provides obstetrics services for young families Because this area is based on tourism and service industries, there is very little opportunity for workers to earn a sufficient living so we have a prevalence of "working poor " As a result, our Family Birthing Center provides care to a market that is predominantly covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's brand of Medicaid And because we are located more than 90 miles from a hospital that provides specialized neonate care, we earned licensure as a Level II Nursery in our Family Birthing Center This Nursery cares for premature babies as well as those that are born addicted to controlled substances Although this specialized care is very expensive for YRMC to provide, it eliminates the need for parents to go to Phoenix to be with their new baby or to juggle childcare for other children in the family as well as what jobs they may have Our entire obstetrics service line is a community benefit in a day and age where many hospitals in Arizona have closed their OB services entirely As the community's hospital, this was not an option to be considered at YRMC In 2018, 993 babies entered the world at YRMC's Family Birthing Center In 2018, operating expenses for the Family Birthing Center were \$5,892,043.00 Family Resource Center In addition to comprehensive obstetrics services and programs, YRMC also supports young families who are experiencing stress related to parenthood, financial pressures, lack of extended family support locally and lack of good modeling in their own childhood of parenting infants and young children The Family Resource Center (FRC) is a certified program that provides support and education to young families in an effort to reduce and eliminate child abuse and neglect Since we have a predominance of working poor families in our community, stress related to parenting is exacerbated by financial issues Every new mother who delivers her baby at YRMC is visited by an FRC representative and is given a child development calendar so the mother will know what the guidelines are for developmental expectations during the child's first year of life They are introduced to the program and are invited to reach out to FRC for more information and for services Some mothers are referred by Child Protective Services and those women are required to participate in FRC programs FRC provides education, motivation, support and training for these families The FRC staff consists of trained family support specialists who make home visits and work with each family in an individualized care plan FRC also provides opportunities for support with social events to help young children learn appropriate social skills and to provide their parents with the ability to net work with other young men and women who are facing similar challenges The family care staff remains in constant contact with each family through</p>



Form and Line Reference	Explanation
SCHEDULE H, PART VI	<p>roughout their children's early years. In 2018, the First Steps Program in Family Resource Center advised 951 parents on how to care for their newborns and the Healthy Families program worked with 76 families. In 2018, operating expenses for the Family Resource Center were \$340,911.00. Community Outreach YRMC was touted in its Community Health Needs Assessment by many respondents for its excellent Community Outreach and health education efforts. Outreach provides health and wellness news from YRMC and also describes specific service lines and often includes personal stories of patients whose lives were changed by those services. The Community Outreach Department also plans and produces a monthly community calendar that provides date, time and location of the multiple programs and support groups that are provided by YRMC. This calendar has become a key resource for thousands of people throughout our communities for information on when and where they can find help or can learn more about a topic of personal interest. Programs and activities highlighted in the monthly calendar include such things as Parkinson's Disease exercise classes, respiratory wellness classes, valuable information on prescription medications, improving balance to minimize falls programs, lymphedema support groups, Family Birthing classes, pre-operative hip replacement preparation and information, reversing heart disease, depression in the older adult, stress management, pre-operative knee replacement preparation and information, diabetes self-management and more. Community Outreach supports, promotes and organizes many charity walks with YRMC teams. Because the 1,900 employees and their families are an important component of our local communities, Community Outreach is also a key player in YRMC efforts to keep employees and their families healthy. In addition, for each new physician or physician extender who joins YRMC's Physician Care employed network, Community Outreach coordinates photos and bios on each person. These are compiled into notebooks for each physician's reception area so patients can peruse the books and read about the background, experience and expertise of each physician. New physicians are also introduced to the community via display ads in local publications, press releases HealthConnect and local journals such as Prescott Woman Magazine. Community Outreach organizes and produces the annual Patient Blood Management Symposium that attracts nearly 400 people each year. Local and national experts are brought in to present fascinating research and information in terms that the lay public can understand. In 2018 the Symposium was live streamed globally and reached 1,900 viewers. The Symposium is also developed into a special DVD for distribution to other interested audience members. The Medical Director of YRMC's James Family Heart Center is an expert on the topic and he has developed the patient blood management program here at YRMC. This program is known worldwide. Because of YRMC's expertise in Patient Blood Management, patients actively seek out this hospital for heart surgery and orthopedic surgery. We have had patients from all over Arizona, California, Oregon and other states specifically to have their surgery with these specialized techniques. This not only meets the needs of those who for faith reasons do not accept blood products but research is demonstrating these techniques actually produce far superior outcomes for the patient. Community Outreach also created a new cooking show called "Your Healthy Kitchen." It is hosted by a YRMC dietitian who was also trained at Cordon Bleu culinary school in France. The program is filmed live at a local TV studio and those programs are available on YRMC's website and in DVD format. Each program includes valuable information about nutrition, shopping for healthy food, and great recipes. There are special programs for those who have specific dietary needs or restrictions. The host of the program</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0098923  
**Name:** Yavapai Community Hospital Association

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>											
1	Yavapai Regional Medical Center West 1003 Willow Creek Road Prescott, AZ 86301 WWW.YRMC.ORG H0115	X	X					X			A
2	Yavapai Regional Medical Center East 7700 E Florentine Road Prescott Valley, AZ 86314 WWW.YRMC.ORG H3964	X	X					X			A

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR YAVAPAI COUNTY, YAVAPAI REGIONAL MEDICAL CENTER (YRMC) CONDUCTED A COMMUNITY HEALTH NEEDS SURVEY PRIMARY DATA COLLECTION WAS DIVIDED INTO A WEB BASED SURVEY PROCESS AND PERSONAL INTERVIEWS WITH LOCAL ORGANIZATIONS SURVEY RECIPIENTS WERE CHOSEN BASED ON THE CRITERIA OF BEING PROFESSIONALS SERVING THE HEALTH NEEDS OF THE COMMUNITY AND THE SURVEYS WERE DISTRIBUTED ELECTRONICALLY DURING THE YEAR PERSONAL INTERVIEWS WERE CONDUCTED BY STAFF AT YAVAPAI REGIONAL MEDICAL CENTER YRMC CONDUCTED LIVE, ONE ON ONE MEETINGS WITH THREE KEY LOCAL ORGANIZATIONS - THE COUNTY HEALTH DEPARTMENT, YAVAPAI TRIBE, AND A MENTAL HEALTH PROVIDER

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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
SCHEDULE H, PART V, SECTION B, LINE 6A	HOSPITAL FACILITIES INCLUDED IN THE CHNA YAVAPAI REGIONAL MEDICAL CENTER OPERATES TWO HOSPITAL FACILITIES, THE WEST CAMPUS AND THE EAST CAMPUS BOTH HOSPITALS WERE INCLUDED IN THE CHNA

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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
SCHEDULE H, PART V, SECTION B, LINE 7a & 10a	URL WHERE CHNA REPORT AND IMPLEMENTATION PLAN IS MADE WIDELY AVAILABLE <a href="https://www.yrmc.org/support-and-community/community-health">https //www yrmc org/support-and-community/community-health</a>

**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
SCHEDULE H, PART V, SECTION B, LINE 11	<p>DESCRIBE HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS NOT BEING ADDRESSED Web-Based Physical Activity Program Arizona and the local community rank very low in support of childrens services and education, including physical education and sports In order to help remedy those challenges , YRMC provides a free web-based comprehensive program to all local schools The web-based program is called GoNoodle and includes hundreds of movement games and videos to get kids moving, jumping, stretching, deep breathing and more Kids look forward to exercising which re-energizes them, focuses attention, improves behavior and allows for better academic performance The program also can be customized by the user and can report on minutes of physical activity much like FitBits do for adults GoNoodle provides Arizona Department of Education core subject-aligned videos and is a great motivator for increasing childrens involvement This is especially important when many kids have issues with their weight and lack of physical activity Physical education and sports are no longer a routine, free option for school kids due to budget cuts GoNoodle supports healthier kids, encourages them to spend time away from computer games and cell phones to be physically active, and provides families free use of the program at home To give children a head start for a healthy future, YRMC invested \$40,000 in 2018 to support local health education Partners for Healthy Students Because of the large number of working poor families in our area, many children go without much needed primary care Our Partners for Healthy Students (PHS) program is a free school-based clinic that has four fixed sites as well as a mobile clinic to connect with the outlying communities in our huge geographic service area School-age children and their younger siblings are eligible to participate PHS is staffed with two pediatric nurse practitioners (PNPs) who work under the guidance of a pediatrician who serves as Medical Director The PNPs see hundreds of children from uninsured and underinsured families Many of the children they see suffer from chronic conditions such as asthma, malnutrition, poor dental health, etc Because of the PNPs diligence, there have been several major instances of serious health problems that have been identified and served One case was a preschooler who was identified to have a congenital heart defect through PHS The child was referred to a pediatric cardiac surgeon in Phoenix, transportation and lodging was arranged and the child today is a healthy, happy little girl Another case was a middle-school girl who was found to have a suspicious growth on her breast She was diagnosed with breast cancer and was immediately placed into a care plan for treatment and support The less dramatic stories are also important For example, the children with black, rotting teeth that needed multiple root canal treatments</p>

**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
SCHEDULE H, PART V, SECTION B, LINE 11	<p>ng theres enough tooth left and crowns so that the child can eat painlessly This conditio n can also lead to severe social isolation and embarrassment due to discolored or missing teeth and halitosis The PNP's also treat ear infections which may have previously gone unt reated and may result in hearing loss Throat infections, scabies and other ailments are a lso diagnosed and treated The PHS program covers the entire range of health needs in chil dren and also coordinates specialized care as necessary In 2018, our pediatric nurse prac titioners care for 1,094 children who wouldnt have otherwise been able to receive care Lo cal Health Fair YRMC is very visible in local health fairs of all types In 2018, we parti cipated in health fairs for local major employers The premier health fair of the year is the Annual Health Expo named Celebrate Life, sponsored by YRMC and held at the Prescott Va lley Event Center We invited other non-profit agencies from throughout the community to p articipate and share information about their programs and services We had more than 86 va rious exhibitors, including a number of YRMC departments that were present Some YRMC depa rtments offered basic screening and health education such as Cardiac Rehab and ER staff do ing blood pressure checks Physical Therapy department also provided helpful information a bout how to prevent falls for older adults The YRMC BreastCare Center exhibited valuable information about breast cancer and much more health education information The Health Exp o was designed to highlight YRMC's many programs and to help centralize many fragmented eff orts by non-profits to a single point of information to inform local residents about commu nity services This is not only an example of promoting health education but also an examp le of building collaboration among non-profit agencies Speakers Bureau We sponsor a Speak ers Bureau that has become extraordinarily popular with local groups, clubs, civic organiz ations, faith-based communities, etc In 2018 we provided 49 different speakers for groups in our community Each presentation was planned, designed and presented by an expert in t he respective field requested by the host site We reached approximately 2,720 people in g roups of varying sizes Topics ranged from suicide prevention to exercise to nutrition and many more The Speakers Bureau topics are listed on our website and contact information i s provided to facilitate ease of scheduling through our Community Outreach Department THE FOLLOWING NEEDS WERE NOT SELECTED TO BE ADDRESSED IN THE CHNA FOOD INSECURITY THIS WILL NOT BE ADDRESSED BY YRMC BECAUSE THERE ARE A NUMBER OF COMMUNITY ORGANIZATIONS THAT WORK ON THIS ISSUE THAT ARE BETTER SUITED TO MEET THIS NEED TRANSPORTATION FOR THE UNINSURED PEOPLE WHO CARE IS ONE OF THE LOCAL ORGANIZATIONS THAT PROVIDE TRANSPORTATION FOR THOSE IN NEED TEEN PREGNANCY THIS ISSUE WAS NOT SELECTED AS A TOP PRIORITY FOR YRMC TO ADDRESS I N ITS PROGRAMS BECAUSE OF A LA</p>

**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
SCHEDULE H, PART V, SECTION B, LINE 11	CK OF RESOURCES TO DO SO MOTOR VEHICLE DEATHS THIS ISSUE WAS NOT SELECTED AS A TOP PRIOR ITY FOR YRMC TO ADDRESS IN ITS PROGRAMS BECAUSE OF A LACK OF RESOURCES TO DO SO GRADUATIO N RATE THIS ISSUE IS NOT AN AREA THAT YRMC CAN ADDRESS SINCE IT IS NOT WITHIN YRMC'S MISS ION



**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
SCHEDULE H, PART V, SECTION B, LINE 16a, 16b, & 16c	URL where the FAP, FAP application form, and plain language summary can be found <a href="http://www.yrmc.org/patient-financial-services/financial-assistance">http //www yrmc org/patient-financial-services/financial-assistance</a>

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

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

Form and Line Reference	Explanation
Schedule H, part V, Section B, Line 16i	Translation of FAP into primary language spoken by LEP populations YRMC has translated the FAP into spanish and would consider translating into another language when it is known that patients will need the translation and are not served by the current forms and statements YRMC uses demographic data from their system and the counties to determine if a patient population exists that is over 1,000 individuals that do not speak English or Spanish

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 22D	DESCRIBE HOW THE HOSPITAL FACILITY DETERMINED THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESARRY CARE THE QUALIFYING LEVEL OF ASSISTANCE FOR PATIENTS ELIGIBLE FOR THE FAP WILL BE BASED ON CHARGES AFTER AN UNINSURED DISCOUNT OF 20% OF YRMC'S BILLED CHARGES HAS BEEN APPLIED PATIENTS THAT QUALIFY UNDER THE FAP WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) FOR SERVICES RENDERED AGB IS CALCULATED ANNUALLY BY DETERMINING THE AVERAGE PERCENTAGE PAID FOR SERVICES RENDERED TO MEDICARE AND PRIVATE INSURANCE PAYERS A COPY OF THIS CALCULATION IS AVAILABLE UPON REQUEST BY CALLING THE YRMC BUSINESS OFFICE THEREAFTER, FINANCIAL ASSISTANCE WILL BE DETERMINED USING A SLIDING-FEE SCALE BASED UPON HOUSEHOLD INCOME AS COMPARED TO THE FEDERAL POVERTY LEVEL (FPL) AND SUBJECT TO A REDUCTION BASED ON QUALIFYING ASSETS

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
<b>1</b> YRMC - Del E Webb Outpatient Center 3262 Windsong Road Prescott Valley, AZ 86314	OUTPATIENT DIAGNOSTICS, Rehabilitation & laboratory
<b>1</b> Pendleton Wellness Center 930 Division Street Prescott, AZ 86301	Cardiac rehabilitation, physical therapy, & wellness outpatient center
<b>2</b> PRESCOTT OUTPATIENT SURGICAL CENTER 815 AINSWORTH DR Prescott, AZ 86301	OUTPATIENT SURGICAL CENTER
<b>3</b> YRMC PC Internal Medicine I 3120 Clearwater Dr Prescott, AZ 86305	Physician Practice - Internal Medicine
<b>4</b> YRMC PC Family Medicine I 7712 E Florentine Prescott Valley, AZ 86314	Physician Practice - Family Medicine
<b>5</b> YRMC PC BREAST CARE 7700 E FLORENTINE ROAD BLD B SUIT PRESCOTT VALLEY, AZ 86314	PHYSICIAN PRACTICE-SURGERY
<b>6</b> YRMC PC FAMILY MEDICINE III 1050 GAIL GARDNER WAY SUITE B PRESCOTT, AZ 86301	Physician Practice - FAMILY MEDICINE
<b>7</b> YRMC PC FAMILY MEDICINE IV-BAGDAD 12 HOPE DRIVE BAGDAD, AZ 86321	PHYSICIAN PRACTICE - FAMILY MEDICINE
<b>8</b> YRMC PC CARDIOLOGY I 802 E AINSWORTH DR SUITE A PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - CARDIOLOGY
<b>9</b> YRMC PC CARDIOLOGY II 7700 E FLORENTINE RD BLD B SUITE PRESCOTT VALLEY, AZ 86314	PHYSICIAN PRACTICE - CARDIOLOGY
<b>10</b> YRMC PC CARDIOLOGY III 726 GAIL GARDNER WAY SUITE A PRESCOTT, AZ 86305	PHYSICIAN PRACTICE - CARDIOLOGY
<b>11</b> YRMC PC CARDIOLOGY IV 980 WILLOW CREEK ROAD PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - CARDIOLOGY
<b>12</b> YRMC PC NEUROSURGERY 1001 DIVISION STREET PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - NEUROSURGERY
<b>13</b> YRMC PC GASTROENTROLOGY 811 AINSWORTH STREET PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - GASTROENTROLOGY
<b>14</b> YRMC PC PEDIATRICS 2120 CENTERPOINTE WEST PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - PEDIATRICS

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>16</b> YRMC PC PALLIATIVE CARE 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301	PHYSICIAN PRACTICE - PALLIATIVE CARE
<b>1</b> YRMC PC SURGERY III 810 AINSWORTH DRIVE PRESCOTT, AZ 86301	PHYSICIAN PRACTICE-SURGERY
<b>2</b> YRMC PC SURGERY IV 810 AINSWORTH DRIVE PRESCOTT, AZ 86301	PHYSICIAN PRACTICE-SURGERY
<b>3</b> YRMC PC PRIMARY CARE 7700 E FLORENTINE RD BLD B SUITE PRESCOTT VALLEY, AZ 86314	PHYSICIAN PRACTICE-FAMILY MEDICINE

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

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Yavapai Community Hospital Association

Employer identification number

86-0098923

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 6
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, Line 2	GRANT MONITORING PROCESS Grants are made to the YRMC Foundation (the Foundation) a supporting organization of the Hospital Generally, grants reported on the Hospital's 990 represent funds originally intended for the Foundation but paid to the order of the YRMC These funds are deposited with the Foundation, but an entry is recorded to recognize receipt of the contribution by the Hospital An entry is then made to record the grant to recognize the deposit of funds with the Foundation YRMC also gives out various cash and non-cash grants to local community agencies and organizations in order to help support community development

Additional Data

Software ID:  
Software Version:  
EIN: 86-0098923  
Name: Yavapai Community Hospital Association

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yavapai Regional Medical Center Foundation 1003 Willow Creed Road Prescott, AZ 86301	86-1038463	501(c)(3)	367,313				Healthcare
Humboldt Education Foundation INC 6411 N Robert Road Prescott Valley, AZ 86314	86-6003010	Government	10,000				no more hungry kids program



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yavapai College Foundation 1100 e sheldon St Prescott, AZ 86301	23-7232985	501(C)(3)	17,400				Scholars Program
West Yavapai Guidance Clinic 3343 N Windsong Dr Prescott, AZ 86314	86-0206928	501(c)(3)	25,000				To Support Organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prescott Mountain Bike Alliance PO BOX 3027 PRESCOTT, AZ 86302	27-2333931	501(c)(3)	10,000				Mountain Bike Alliance
EPIC RIDES 534 N Stone Avenue TUCSON, AZ 85705	27-2677971	501(c)(3)	7,500				Whiskey Off-Road

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- 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.**

Name of the organization  
Yavapai Community Hospital Association

Employer identification number  
86-0098923

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

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

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

**1b**

**2**

**4a**

Yes

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

Yes

**8**

Yes

**9**

Yes

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**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
SCHEDULE J, PART I, LINE 4A	Description of Severance PAYment Yavapai regional Medical Center paid Larry burns severance pay in the amount of \$391,255
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED PAYMENT FROM A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THE AMOUNTS LISTED INCLUDE AMOUNTS IN W-2 BOX 5 WAGES AND AMOUNTS INCLUDED IN DEFERRED COMPENSATION W-2 Box 5 Deferred Comp John Amos, CEO 137,426 148,198 Lee Livin, CFO 75,365 84,700 Diane Drexler, CNO 62,943 59,643 Larry P Burns, COO 208,378 48,578 Mark Timm, HR Dir 48,082 51,883 Roberta Nicol, Dev Dir 48,632 51,961 Frank Almendarez, Exec Admin 22,458 54,182 Timothy Roberts, CIO 5,387 Anthony Torres, MD Dir 30,959 81,603
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS THE HOSPITAL PROVIDED PERFORMANCE AWARDS TO ITS EXECUTIVE TEAM IN 2018 WHILE THE PERFORMANCE AWARDS REWARDED OUTSTANDING PERFORMANCE, THEY WERE NOT CONTINGENT ON ACHIEVING A STATED REVENUE OR NET EARNINGS AMOUNT AND WERE SOLEY AT THE DISCRETION OF THE HOSPITAL'S CEO
SCHEDULE J, PART I, LINE 8	INITIAL CONTRACT EXCEPTION JOHN AMOS' COMPENSATION IS COVERED BY HIS INITIAL CONTRACT DATED OCTOBER 1ST, 2013 PLEASE SEE SCHEDULE O, PART VI, LINE 15A NARRATIVE FOR MORE INFORMATION
SCHEDULE J, PART II, COLUMN F	Compensation reported as deferred in prior 990s Amounts listed in column F represent the amount of compensation that is included in the 2018 W-2, Box 5 These amounts were reported in previous 990s as deferred compensation



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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Yavapai Community Hospital Association

Employer identification number  
86-0098923

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE INDUST DEV'T AUTH OF THE COUNTY OF YAVAPAI	86-0376099	985900DJ5	08-13-2013	33,842,071	REFUND '03 ISSUE		X		X		X
B THE INDUST DEV'T AUTH OF THE COUNTY OF YAVAPAI	86-0376099		09-19-2013	20,400,000	REFUND '08 ISSUE		X		X		X
C THE INDUST DEV'T AUTH OF THE COUNTY OF YAVAPAI	86-0376099	985900EF2	11-03-2016	47,762,252	REFUND '97,'02, & '08 ISSUES		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	8,940,000		0		1,805,000			
2	Amount of bonds legally defeased . . . . .	0		0		0			
3	Total proceeds of issue . . . . .	33,842,071		20,400,000		47,762,252			
4	Gross proceeds in reserve funds . . . . .	0		0		0			
5	Capitalized interest from proceeds . . . . .	0		0		477,623			
6	Proceeds in refunding escrows . . . . .	0		0		0			
7	Issuance costs from proceeds . . . . .	660,341		0		319,511			
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	0		0		0			
11	Other spent proceeds . . . . .	33,181,730		20,400,000		49,965,118			
12	Other unspent proceeds . . . . .	0		0		0			
13	Year of substantial completion . . . . .	2013		2013		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

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

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

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



**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part IV, Line 2c	Date of Arbitrage calculation Bond A issued on 08/13/2013 arbitrage calculation was performed on September 25, 2018 At this time it was determined that no rebate liability was due Bond B issued on 09/19/2013 arbitrage calculation was performed on November 16, 2018 At this time it was determined that no rebate liability was due

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0098923  
**Name:** Yavapai Community Hospital Association

Return Reference	Explanation
Schedule K, Part IV, Line 2c	Date of Arbitrage calculation   Bond A issued on 08/13/2013 arbitrage calculation was performed on September 25,2018   At this time it was determined that no rebate liability was due   Bond B issued on 09/19/2013 arbitrage calculation was performed on November 16, 2018   At this time it was determined that no rebate liability was due

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

Department of the Treasury

Name of the organization

Yavapai Community Hospital Association

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

86-0098923

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	Significant Changes to the BYlaws the BYlaws were updated to limit who can serve as a board member the bYlaws restrict Employed staff, including physicians and Administrators from serving as a board member

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS EACH RESIDENT OF THE CENTRAL YAVAPAI HOSPITAL DISTRICT WHO IS AT LEAST (18) YEARS OF AGE SHALL BE A MEMBER OF THE ASSOCIATION (HOSPITAL) AT HIS WILL AND SHALL BE ELIGIBLE TO CAST ONE VOTE IN PERSON UPON ANY ISSUE PRESENTED AT AN ANNUAL OR SPECIAL MEETING THERE SHALL BE NO PROXY OR CUMULATIVE VOTING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A & 7B	MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODY THE COUNCIL OF ELECTORS (THE COUNCIL) IS CHARGED WITH THE RESPONSIBILITY OF SELECTING INDIVIDUALS FROM THE COMMUNITY TO SERVE ON THE ASSOCIATION'S BOARD OF TRUSTEES THE COUNCIL IS COMPOSED OF PUBLICLY ELECTED OFFICIALS AND REPRESENTATIVES FROM SELECTED GOVERNMENT AND NON-PROFIT ORGANIZATIONS FROM THROUGHOUT THE COMMUNITY MEMBERS MUST APPROVE AMENDMENTS TO THE BYLAWS OR ARTICLES OF INCORPORATION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990 THE COMPLETED 990 IS PRESENTED TO THE PLANNING AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING THE COMMITTEE HAS THE OPPORTUNITY TO REVIEW THE FORM IN DETAIL DURING THIS MEETING AND TO ASK QUESTIONS OF THE PREPARER THE FULL BOARD OF TRUSTEES IS ALSO PROVIDED A COPY OF THE 990

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY IN JANUARY OF EACH YEAR, A CONFLICT OF INTEREST FORM AND THE RELATED POLICY ARE SENT TO EACH MEMBER OF THE BOARD OF TRUSTEES, OFFICERS AND DIRECTORS OF THE ASSOCIATION, MANAGERS AND KEY EMPLOYEES, ALL OTHER EXEMPT EMPLOYEES, MEMBERS OF PROFESSIONAL ADVISORY COMMITTEES, AND THE MEDICAL EXECUTIVE COMMITTEE RECIPIENTS ARE ASKED TO REVIEW THE POLICY AND SIGN THE FORM EACH YEAR AT THIS TIME IN ADDITION, ALL EXEMPT NEW HIRES ARE ASKED TO REVIEW THE POLICY AND SIGN THE CONFLICT OF INTEREST STATEMENT THE RETURNED FORMS ARE REVIEWED AND KEPT ON FILE IF NO CONFLICT HAS BEEN IDENTIFIED IF CONFLICTS ARE IDENTIFIED, THE FORMS ARE SENT TO THE CEO FOR REVIEW DURING DISCUSSIONS AT BOARD MEETINGS, THOSE WITH CONFLICTS IDENTIFIED THROUGH THIS PROCESS ARE EXCUSED FROM DISCUSSION AND VOTING ON THE RELATED MATTER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION UNDER THE DIRECTION OF THE HOSPITAL BOARD OF DIRECTORS, WITH SUPPORT FROM AN INDEPENDENT CONSULTANT RESPONSIBLE FOR ENSURING MARKET EQUITY FOR THE CEO COMPENSATION AND BENEFITS a market equity analysis was performed IN 2017, GALLAGHER INTEGRATED WAS RETAINED TO CONDUCT A TOTAL COMPENSATION REVIEW, INCLUDING A N ANALYSIS OF ALL ELEMENTS OF CEO TOTAL COMPENSATION, INCLUDING SALARY, INCENTIVES, BENEFITS AND PERQUISITES COMPARED TO MARKET PRACTICES THEY PROVIDED THE HOSPITAL HUMAN RESOURCES COMMITTEE (A SUBCOMMITTEE OF THE HOSPITAL BOARD) WITH A COMPREHENSIVE DESCRIPTION AND VALUATION OF ALL CASH COMPENSATION AND BENEFIT PRACTICES AND ASSESSED COMPENSATION FOR COMPETITIVENESS AND COMPLIANCE WITH REGULATORY REQUIREMENTS IN ADDITION, GALLAGHER PROVIDED APPROPRIATE RECOMMENDATIONS FOR MODIFYING THE TOTAL COMPENSATION PROGRAM ANY CHANGES TO THE CEO TOTAL COMPENSATION WERE APPROVED BY THE HOSPITAL BOARD OF DIRECTORS COMPENSATION ARRANGEMENTS ARE DOCUMENTED IN THE MINUTES OF THE HUMAN RESOURCES COMMITTEE AND BY SIGNED COMPENSATION AGREEMENTS IN PERSONNEL FILES MAINTAINED BY HR</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION UNDER THE DIRECTION OF THE HOSPITAL BOARD OF DIRECTORS, WITH SUPPORT FROM AN INDEPENDENT CONSULTANT RESPONSIBLE FOR ENSURING MARKET EQUITY FOR THE CEO COMPENSATION AND BENEFITS a market equity analysis was performed IN 2017, GALLAGHER INTEGRATED WAS RETAINED TO CONDUCT A TOTAL COMPENSATION REVIEW, INCLUDING A N ANALYSIS OF ALL ELEMENTS OF CEO TOTAL COMPENSATION, INCLUDING SALARY, INCENTIVES, BENEFITS AND PERQUISITES COMPARED TO MARKET PRACTICES THEY PROVIDED THE HOSPITAL HUMAN RESOURCES COMMITTEE (A SUBCOMMITTEE OF THE HOSPITAL BOARD) WITH A COMPREHENSIVE DESCRIPTION AND VALUATION OF ALL CASH COMPENSATION AND BENEFIT PRACTICES AND ASSESSED COMPENSATION FOR COMPETITIVENESS AND COMPLIANCE WITH REGULATORY REQUIREMENTS IN ADDITION, GALLAGHER PROVIDED APPROPRIATE RECOMMENDATIONS FOR MODIFYING THE TOTAL COMPENSATION PROGRAM ANY CHANGES TO THE CEO TOTAL COMPENSATION WERE APPROVED BY THE HOSPITAL BOARD OF DIRECTORS COMPENSATION ARRANGEMENTS ARE DOCUMENTED IN THE MINUTES OF THE HUMAN RESOURCES COMMITTEE AND BY SIGNED COMPENSATION AGREEMENTS IN PERSONNEL FILES MAINTAINED BY HR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE FINANCIAL STATEMENTS ARE SUMMARIZED IN THE ANNUAL REPORT PUBLISHED ON THE HOSPITAL INTERNET SITE THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN SPLIT INTEREST AGREEMENT (3,774) ELIMINATIONS ON CONSOLIDATED AUDIT REMOVED FOR 990 (1,528) TOTAL (5,302)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Yavapai Community Hospital Association

Employer identification number  
86-0098923

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) YAVAPAI REG'L MED CTR PHYSICIAN CARE LLC 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301 26-3257358	MEDICAL SVCS	AZ	23,189,360	9,761,392	YRMC
(2) NORTH CENTRAL ARIZONA ACCOUNTABLE CARE 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301 46-5648068	MEDICAL SVCS	AZ	74,060	100	YRMC
(3) PRESCOTT MEDICAL IMAGING 801 WHIPPLE STREET PRESCOTT, AZ 86301 77-0603441	MED IMAGING	AZ	30,169,619	0	YRMC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)YAVAPAI REGIONAL MEDICAL CENTER FDN 1003 WILLOW CREEK ROAD  PRESCOTT, AZ 86301 86-1038463	SUPPORT ORG	AZ	501(C)(3)	LN12 TYPE I	YRMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Prescott Outpatient Surgical Center LP 815 Ainsworth Drive Prescott, AZ 86301 86-0548048	Surgery	AZ	NA	Surgery Center	718,306	226,838			0		No	20 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)YAVAPAI REGIONAL MEDICAL CENTER FOUNDATION	B	1,652,454	AMT TRANSFERRED
(2)YAVAPAI REGIONAL MEDICAL CENTER FOUNDATION	C	616,292	AMT TRANSFERRED
(3)YAVAPAI REGIONAL MEDICAL CENTER FOUNDATION	D	90,122	INTERCO AMOUNT

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

[illegible]

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

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

Return Reference	Explanation