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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION
Doing business as
CENTRAL WASHINGTON HOSPITAL
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1201 S MILLER ST
City or town, state or province, country, and ZIP or foreign postal code
WENATCHEE, WA 98801

F Name and address of principal officer:
PETER D RUTHERFORD MD
1201 S MILLER ST
WENATCHEE, WA 98801

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

D Employer identification number
91-0171250
E Telephone number
(509) 662-1515
G Gross receipts \$ 555,532,837

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ WWW.CWHS.COM
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1978
M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
DEDICATED TO IMPROVING OUR PATIENTS' HEALTH BY PROVIDING SAFE, HIGH-QUALITY CARE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 15
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,289
6 Total number of volunteers (estimate if necessary) 6 176
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 92,449 502,531
9 Program service revenue (Part VIII, line 2g) 395,804,488 452,017,124
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,852,007 7,779,563
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,578,266 1,919,448
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 403,327,210 462,218,666

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 134,996 257,019
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 134,337,203 150,075,311
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 250,272,067 285,656,942
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 384,744,266 435,989,272
19 Revenue less expenses. Subtract line 18 from line 12 18,582,944 26,229,394

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 418,962,589 456,556,453
21 Total liabilities (Part X, line 26) 145,474,889 143,459,704
22 Net assets or fund balances. Subtract line 21 from line 20 273,487,700 313,096,749

Part II Signature Block

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

Sign Here

Signature of officer
PETER D RUTHERFORD MD, CHIEF EXECUTIVE OFFICER
Date 2020-10-29

Paid Preparer Use Only

Print/Type preparer's name
Preparer's signature
Date 2020-10-29
Check ☐ if self-employed
PTIN P00355876
Firm's name ▶ MOSS ADAMS LLP
Firm's EIN ▶ 91-0189318
Firm's address ▶ 2707 COLBY AVENUE SUITE 801
EVERETT, WA 98201
Phone no. (425) 259-7227

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE ARE DEDICATED TO IMPROVING OUR PATIENTS' HEALTH BY PROVIDING SAFE, HIGH-QUALITY CARE IN A COMPASSIONATE AND COST-EFFECTIVE MANNER. OUR CORE VALUES: A. OUR PATIENTS ARE THE REASON FOR OUR BEING, AND THEIR NEEDS WILL DRIVE ALL OF OUR ACTIONS. B. WE WILL TREAT EVERYONE (INCLUDING PATIENTS, THEIR FAMILIES, REFERRING OFFICES AND COLLEAGUES) WITH DIGNITY, RESPECT AND COMPASSION. C. WE WILL WORK AS A TEAM, UTILIZING COLLABORATION, ACTIVE PARTICIPATION AND OPEN COMMUNICATION AMONG ALL PHYSICIANS AND STAFF. D. WE WILL CONTINUE TO INNOVATE WAYS TO IMPROVE THE DELIVERY OF EXCELLENT, HIGH VALUE CARE. E. WE WILL MEASURE SUCCESSES AND FAILURES, AND USE THE RESULTS TO DRIVE FURTHER IMPROVEMENT. F. WE WILL BE A GOOD NEIGHBOR IN THE COMMUNITIES WE SERVE WITH DONATIONS OF TIME, TALENT AND CAPITAL. G. WE WILL BE ETHICAL AND ACCOUNTABLE IN ALL OF OUR DECISIONS AND ACTIONS.

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

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

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

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

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

4a	(Code:) (Expenses \$ 360,315,819 including grants of \$ 257,019) (Revenue \$ 445,218,815)
	See Additional Data

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

4e	Total program service expenses ▶ 360,315,819
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	87
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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:
▶TOM LEGEL 1201 SOUTH MILLER STREET WENATCHEE, WA 98801 (509) 662-1511

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 ☐

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								878,524	4,878,608	607,809

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

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
WENATCHEE VALLEY MEDICAL GROUP 820 N CHELAN WENATCHEE, WA 98801	PHYSICIAN SERVICES	23,232,225
WENATCHEE EMERGENCY SERVICES PO BOX 4600 WENATCHEE, WA 98801	ER PHYSICIAN SERVICES	6,336,412
VK POWELL CONSTRUCTION LLC PO BOX 10295 YAKIMA, WA 98909	CONSTRUCTION SERVICES	1,998,144
UNIVERSITY OF WASHINGTON PO BOX 24366 SEATTLE, WA 98124	LAB SERVICES	1,223,868
OMNICELL INC PO BOX 204650 DALLAS, TX 75320	PHARMACY SERVICES	1,162,059

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 **▶ 28**

Form 990 (2019)		Page 9								
Part VIII		Statement of Revenue								
Check if Schedule O contains a response or note to any line in this Part VIII ☐										
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a							
	b	Membership dues . . .	1b							
	c	Fundraising events . . .	1c							
	d	Related organizations	1d							
	e	Government grants (contributions)	1e	59,500						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	443,031						
	g	Noncash contributions included in lines 1a - 1f:\$	1g							
	h	Total. Add lines 1a-1f ▶	502,531							
Program Service Revenue			Business Code							
	2a	PATIENT SERVICES	621900	444,821,117	444,821,117					
	b	ANCILLARY SERVICES	621900	5,085,667		5,085,667				
	c	CAFETERIA SERVICES	621900	2,072,861		2,072,861				
	d	TRAUMA FUNDS	621900	37,479	37,479					
	e									
	f	All other program service revenue.								
	g	Total. Add lines 2a-2f. ▶	452,017,124							
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	6,058,734		6,058,734				
	4		Income from investment of tax-exempt bond proceeds ▶							
	5		Royalties ▶							
	6a	Gross rents	(i) Real	(ii) Personal						
			6a	1,964,322						
			b	Less: rental expenses				6b	410,522	
			c	Rental income or (loss)				6c	1,553,800	
	d		Net rental income or (loss) ▶	1,553,800		1,553,800				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
			7a	94,425,219				95,059		
			b	Less: cost or other basis and sales expenses				7b	92,795,440	4,009
			c	Gain or (loss)				7c	1,629,779	91,050
	d		Net gain or (loss) ▶	1,720,829		1,720,829				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
			b	Less: direct expenses				8b		
	c		Net income or (loss) from fundraising events . . . ▶							
	9a	Gross income from gaming activities. See Part IV, line 19	9a							
			b	Less: direct expenses				9b		
	c		Net income or (loss) from gaming activities . . . ▶							
	10a	Gross sales of inventory, less returns and allowances . . .	10a	109,629						
			b	Less: cost of goods sold . . .				10b	104,200	
	c		Net income or (loss) from sales of inventory . . . ▶	5,429		5,429				
Miscellaneous Revenue		Business Code								
11a		MISCELLANEOUS	900099	338,986	338,986					
b		PURCHASE DISCOUNTS	900099	21,233	21,233					
c										
d		All other revenue								
e		Total. Add lines 11a-11d ▶	360,219							
12		Total revenue. See instructions ▶	462,218,666	445,218,815	0	16,497,320				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	257,019	257,019		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	115,674,819	92,539,855	23,134,964	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,581,678	4,465,342	1,116,336	
9 Other employee benefits	19,224,980	15,379,984	3,844,996	
10 Payroll taxes	9,593,834	7,675,067	1,918,767	
11 Fees for services (non-employees):				
a Management	87,812,646	79,031,381	8,781,265	
b Legal	78,047		78,047	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	281,267		281,267	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	219,540	153,678	65,862	
12 Advertising and promotion	73,739	58,991	14,748	
13 Office expenses	6,949,727	5,559,783	1,389,944	
14 Information technology	1,993,195	1,594,556	398,639	
15 Royalties				
16 Occupancy	3,810,191	3,429,172	381,019	
17 Travel	473,465	378,772	94,693	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,932,404	4,932,404		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,166,163	10,949,547	1,216,616	
23 Insurance	3,689,252		3,689,252	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GENERAL SERVICES	73,661,852	51,563,296	22,098,556	
b PATIENT SERVICES	71,684,820	64,516,338	7,168,482	
c LICENSES AND TAXES	9,878,373	9,878,373		
d BAD DEBT EXPENSE	7,952,261	7,952,261		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	435,989,272	360,315,819	75,673,453	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		197,655	1	213,371	
	2	Savings and temporary cash investments		52,711,924	2	52,711,869	
	3	Pledges and grants receivable, net		630,664	3	1,932,042	
	4	Accounts receivable, net		67,425,780	4	75,150,029	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		17,552,810	7	18,871,682	
	8	Inventories for sale or use		5,324,278	8	7,702,583	
	9	Prepaid expenses and deferred charges		1,183,139	9	1,855,826	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	350,218,575			
	b	Less: accumulated depreciation	10b	202,588,166	138,713,806	10c	147,630,409
	11	Investments—publicly traded securities		130,658,939	11	147,096,612	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,563,594	15	3,392,030	
16	Total assets. Add lines 1 through 15 (must equal line 34)		418,962,589	16	456,556,453		
Liabilities	17	Accounts payable and accrued expenses		23,678,603	17	23,315,059	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		114,280,937	20	106,126,252	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		159,679	24	145,163	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		7,355,670	25	13,873,230	
26	Total liabilities. Add lines 17 through 25		145,474,889	26	143,459,704		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		272,857,036	27	311,164,707	
	28	Net assets with donor restrictions		630,664	28	1,932,042	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		273,487,700	32	313,096,749		
33	Total liabilities and net assets/fund balances		418,962,589	33	456,556,453		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	462,218,666
2	Total expenses (must equal Part IX, column (A), line 25)	2	435,989,272
3	Revenue less expenses. Subtract line 2 from line 1	3	26,229,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	273,487,700
5	Net unrealized gains (losses) on investments	5	12,078,277
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,301,378
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	313,096,749

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 91-0171250
Name: CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION, DBA CENTRAL WASHINGTON HOSPITAL (THE ASSOCIATION), IS ACCREDITED BY DNV GL HEALTHCARE AND OPERATES A LICENSED 198-BED ACUTE CARE HOSPITAL DELIVERING A FULL RANGE OF HEALTH CARE SERVICES IN WENATCHEE, WASHINGTON, AND THE NORTH CENTRAL WASHINGTON AREA. THE ASSOCIATION IS A NOT-FOR-PROFIT INSTITUTION GOVERNED BY A BOARD OF DIRECTORS, PROVIDING GENERAL INPATIENT SERVICES INCLUDING MEDICAL, SURGICAL, HOME INFUSION SERVICES, INTENSIVE CARE AND CORONARY CARE, NEONATAL INTENSIVE CARE, PEDIATRICS, OBSTETRICS, GYNECOLOGY AND ONCOLOGY. THE ASSOCIATION IS A FEDERAL REGIONAL REFERRAL CENTER, AND IS DESIGNATED BY THE STATE AS A LEVEL III GENERAL TRAUMA CENTER AND LEVEL III PEDIATRIC TRAUMA CENTER, SUPPORTED BY A COMPREHENSIVE RANGE OF SURGICAL PROCEDURES IN ORTHOPEDIC, NEUROSURGERY, VASCULAR SURGERY, INTERVENTIONAL CARDIAC CATHETERIZATION, AND OPEN-HEART SURGERY. CONFLUENCE HEALTH WAS FORMED IN 2012 AS A HEALTH SYSTEM THAT REPRESENTS AN AFFILIATION BETWEEN CENTRAL WASHINGTON HOSPITAL (A NOT-FOR-PROFIT ORGANIZATION) AND WENATCHEE VALLEY MEDICAL GROUP (WVMG) (A FOR-PROFIT ORGANIZATION). EFFECTIVE JANUARY 1, 2013, THE ASSOCIATION AFFILIATED WITH CONFLUENCE HEALTH, AND CONFLUENCE HEALTH BECAME THE SOLE MEMBER OF THE ASSOCIATION. THE BOARD OF DIRECTORS OF CONFLUENCE HEALTH CONSISTS OF 9 COMMUNITY MEMBERS AND 6 PHYSICIANS OF WVMG.THE ASSOCIATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. BECAUSE THE ASSOCIATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE.THE ASSOCIATION MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AND THE ESTIMATED COST OF THOSE SERVICES AND SUPPLIES. CHARGES FORGONE, BASED ON ESTABLISHED RATES TOTALED \$9,925,634 AND \$7,039,240 IN 2019 AND 2018 RESPECTIVELY.MANAGEMENT ESTIMATES CHARITY CARE COSTS BY CALCULATING A RATIO OF COST TO GROSS CHARGES, AND THEN MULTIPLYING THAT RATIO BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS. CHARITY CARE COSTS WERE \$9,926,000 AND \$2,788,000 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY.THE ASSOCIATION HAD 45,190 ACUTE PATIENT DAYS, 11,302 ACUTE DISCHARGES, 1,349 DELIVERIES AND 37,718 EMERGENCY VISITS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABE SOROM MD SECRETARY	1.00 3.00	X		X				0	9,600	0
GARN CHRISTENSEN TREASURER	1.00 3.00	X		X				0	6,600	0
PATRICIA WACHTEL VICE CHAIR	1.00 3.00	X		X				0	6,600	0
FRANK KUNTZ CHAIR	1.00 3.00	X		X				0	5,400	0
JULIE SMITH MD SECRETARY (THRU 01/19)	1.00 3.00	X		X				0	0	0
DOUG WILSON MD BOARD OF DIRECTORS	1.00 2.00	X						0	9,600	0
GAUTAM NAYAK MD BOARD OF DIRECTORS	1.00 2.00	X						0	9,600	0
JAMES MURRAY MD BOARD OF DIRECTORS	1.00 2.00	X						0	9,600	0
TOBY BOND MD BOARD OF DIRECTORS	1.00 2.00	X						0	9,600	0
MITCHELL GARRISON MD BOARD OF DIRECTORS	1.00 2.00	X						0	7,200	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG SHAE BOARD OF DIRECTORS	1.00 2.00	X						0	6,600	0
GUS HEINICKE BOARD OF DIRECTORS	1.00 2.00	X						0	6,600	0
JENNY CRAVENS BOARD OF DIRECTORS	1.00 2.00	X						0	6,600	0
KRISTINE LOOMIS BOARD OF DIRECTORS	1.00 2.00	X						0	6,600	0
SCOTT DUNCAN BOARD OF DIRECTORS	1.00 2.00	X						0	6,600	0
ROBERT TRASK JR BOARD OF DIRECTORS	1.00 2.00	X						0	6,000	0
RICK HOURIGAN MD BOARD OF DIRECTORS (THRU 01/19)	1.00 2.00	X						0	0	0
PETER RUTHERFORD CHIEF EXECUTIVE OFFICER	15.00 35.00			X				0	682,051	43,982
STUART D FREED MD CHIEF MEDICAL OFFICER WVMG	15.00 35.00			X				0	533,212	42,483
JOHN R DOYLE CHIEF FINANCAL OFFICER	15.00 35.00			X				0	448,261	42,525

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VIKKI L NOYES CHIEF OPERATING OFFICER - CWH	30.00 20.00			X				0	451,531	34,675
JAMES B WOOD CHIEF ADMIN OFFICER (THRU 12/19)	15.00 35.00			X				0	428,583	43,704
ROBERT J PAGELER CHIEF INFORMATION OFFICER	15.00 35.00			X				0	328,132	39,677
CORY M FERARI-ZIMMERMAN INTERIM CFO (FROM 12/19)	15.00 35.00			X				0	238,849	33,329
JAY H JOHNSON SR VP NETWORK STRATEGY	15.00 35.00				X			0	376,348	41,346
TRACEY A KASNIC SR VP INPATIENT & CNO	15.00 35.00				X			0	365,448	34,119
JEANINE M ALLEN SR VP CWH OUTPATIENT SERV	15.00 35.00				X			0	246,546	40,817
FARAZ S AHMED SR VP PRIMARY CARE (THRU 11/19)	15.00 35.00				X			0	234,354	29,178
PETER N LOLOS JR SR VP FACILITY SUPT SRV (THRU 09/19)	15.00 35.00				X			0	219,776	26,369
JOELLEN COLSON SR VP ANCILLARY SERVICES	15.00 35.00				X			0	212,717	14,218

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDMOND E THOMAS CRNA - NURSE ANESTHETIST	50.00					X		178,726	0	32,394
DANUTE O SLAPSYS PHARMACIST	50.00					X		176,265	0	32,364
RICHARD D ALLEN PA-C CARDIOLOGY SURGICAL	50.00					X		171,783	0	36,204
SAMUEL L SCHULTE PHARMACIST - NIGHT	50.00					X		178,020	0	19,933
CYNTHIA G TENER CARDIO SERV LINE DIRECTOR	50.00					X		173,730	0	20,492

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number
91-0171250

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 91-0171250
Name: CENTRAL WASHINGTON HEALTH SERVICES 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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION	Employer identification number 91-0171250
---	--

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		33,590
j	Total. Add lines 1c through 1i			33,590
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	WA STATE HOSPITAL ASSOCIATION DUES - 20.20% OF \$123,262 = \$24,899 AMERICAN HOSPITAL ASSOCIATION DUES - 22.73% OF \$38,238 = \$8,691 TOTAL \$33,590

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number
91-0171250

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(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)		
3a(ii)		
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	8,276,004		8,276,004
b	Buildings	136,358,267	54,956,981	81,401,286
c	Leasehold improvements			
d	Equipment	193,982,742	143,838,488	50,144,254
e	Other	11,601,562	3,792,697	7,808,865
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			147,630,409

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	13,873,230

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	466,018,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,078,277
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	12,078,277
3	Subtract line 2e from line 1	3	453,940,530
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	281,267
b	Other (Describe in Part XIII.)	4b	7,996,869
c	Add lines 4a and 4b	4c	8,278,136
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	462,218,666

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

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

1	Total expenses and losses per audited financial statements	1	427,711,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	427,711,136
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	281,267
b	Other (Describe in Part XIII.)	4b	7,996,869
c	Add lines 4a and 4b	4c	8,278,136
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	435,989,272

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-0171250
Name: CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ASSOCIATION IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE ASSOCIATION ADOPTED ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE ACCOUNTING STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR UNCERTAIN TAX POSITIONS. AS OF DECEMBER 31, 2019 AND 2018, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 7,952,261. EXPENSES NETTED IN MISC INCOME 455,130. RENTAL EXPENSES -410,522.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 7,952,261. EXPENSES NETTED IN MISC INCOME 455,130. RENTAL EXPENSES -410,522.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number
91-0171250

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ 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 17500.0000000000 % 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.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	No
b	If "Yes," did the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,912,018		3,912,018	0.910 %
b Medicaid (from Worksheet 3, column a)			79,598,750	56,801,401	22,797,349	5.330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			83,510,768	56,801,401	26,709,367	6.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			28,533		28,533	0.010 %
f Health professions education (from Worksheet 5)			3,680,712		3,680,712	0.860 %
g Subsidized health services (from Worksheet 6)			8,208,560	5,022,390	3,186,170	0.740 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			42,381		42,381	0.010 %
j Total. Other Benefits			11,960,186	5,022,390	6,937,796	1.620 %
k Total. Add lines 7d and 7j			95,470,954	61,823,791	33,647,163	7.860 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,952,261	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	137,078,335	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	152,745,834	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-15,667,499	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☒ Cost accounting system			
☐ Cost to charge ratio			
☐ Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
CENTRAL WASHINGTON HOSPITAL**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):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>WWW.CONFLUENCEHEALTH.ORG/ABOUT-US/</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, PAGE 8</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRAL WASHINGTON HOSPITAL				
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:				
13	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:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☒ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☒ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	☒ The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

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

CENTRAL WASHINGTON HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

CENTRAL WASHINGTON HOSPITAL

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
22		
23		No
24		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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[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? 2

Name and address	Type of Facility (describe)
1 1 - PROFESSIONAL BUILDING 933 RED APPLE RD WENATCHEE, WA 98801	EYE/AUDIOLOGY, INTERNAL MEDICINE, INFECTIOUS DISEASES, WOMEN'S HEALTH, NEURO
2 2 - SADDLE ROCK BUILDING 1215 S MILLER ST WENATCHEE, WA 98801	ENDOCRINOLOGY, RHEUMATOLOGY, AND PULMONARY
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	CONFLUENCE HEALTH MAY WRITE OFF AS CHARITY CARE, AMOUNTS FOR PATIENTS WITH FAMILY INCOME IN EXCESS OF 300% OF THE FEDERAL POVERTY LEVEL WHEN CIRCUMSTANCES INDICATE SEVERE FINANCIAL HARDSHIP OR PERSONAL LOSS.
PART I, LINE 7, COLUMN (F):	BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN: \$7,952,261

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	NET PATIENT SERVICE REVENUE - THE ASSOCIATION HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS TO THE ASSOCIATION AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES. PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, DISCOUNTED CHARGES, AND PER DIEM PAYMENTS. NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED. PATIENT ACCOUNTS RECEIVABLE - FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE ASSOCIATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
PART III, LINE 4:	ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE ASSOCIATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ASSOCIATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE ASSOCIATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE ASSOCIATION'S SELF-PAY WRITE-OFFS WERE \$7,952,261 AND \$18,449,000 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	MEDICARE INPATIENT ACUTE CARE SERVICES RENDERED TO MEDICARE PROGRAM BENEFICIARIES ARE PAID AT PROSPECTIVELY DETERMINED RATES. THESE RATES VARY ACCORDING TO A PATIENT CLASSIFICATION SYSTEM THAT IS BASED ON CLINICAL, DIAGNOSTIC, AND OTHER FACTORS. THE ASSOCIATION QUALIFIES FOR DISPROPORTIONATE SHARE (DSH) PAYMENTS FROM MEDICARE. THE DSH PAYMENT RATE IS ADDED TO THE PROSPECTIVE RATE FOR EACH INPATIENT DISCHARGE. THE ASSOCIATION IS ELIGIBLE FOR A HIGHER DISPROPORTIONATE SHARE PAYMENT RATE ESTIMATED AT 15.47% IN 2019 AND 14.86% IN 2018. THE ASSOCIATION MET THE CRITERIA FOR THIS ADDITIONAL PAYMENT AS A RESULT OF THE HIGH NUMBER OF LOW-INCOME PATIENTS SERVED EXCEEDING THE ELIGIBILITY THRESHOLD OF QUALIFIED PATIENT DAYS AS A PERCENTAGE OF TOTAL PATIENT DAYS. SECTION 3133 OF THE AFFORDABLE CARE ACT AMENDED DSH PAYMENTS EFFECTIVE OCTOBER 1, 2013. WITH THIS CHANGE, THE ASSOCIATION RECEIVES 25 PERCENT OF THE PREVIOUS PAYMENT METHOD ALONG WITH PAYMENTS FOR UNCOMPENSATED CARE BASED ON CHANGES IN THE PERCENTAGE OF INDIVIDUALS THAT ARE UNINSURED. THE UNCOMPENSATED CARE PAYMENTS ARE SET ANNUALLY BY MEDICARE. EACH HOSPITAL ELIGIBLE FOR DSH WILL RECEIVE UNCOMPENSATED CARE PAYMENTS. THE MAJORITY OF OUTPATIENT SERVICES ARE REIMBURSED ON A PROSPECTIVE PAYMENT SYSTEM OR FEE SCHEDULE. THE ASSOCIATION'S MEDICARE COST REPORTS HAVE BEEN AUDITED BY THE MEDICARE ADMINISTRATIVE CONTRACTOR FISCAL INTERMEDIARY THROUGH 2015. NET REVENUE BILLED UNDER THE MEDICARE PROGRAM TOTALED APPROXIMATELY \$184,272,000 AND \$156,215,000 FOR 2019 AND 2018, RESPECTIVELY.
PART III, LINE 9B:	IT IS THE POLICY TO WORK WITH PATIENT TO OBTAIN PAYMENT IN FULL, SECURE FINANCIAL ASSISTANCE, OR ESTABLISH APPROPRIATE PAYMENT ARRANGEMENTS ON PATIENT BALANCES WITHIN 30 DAYS OF THE INITIAL STATEMENT DATE. 1. WHEN POSSIBLE THE SCHEDULER, AND/OR RECEPTIONS, WILL ALERT THE PATIENT OF ANY SELF-PAY DEPOSIT, PRE-PAYMENT OR INSURANCE CO-PAYMENT, WHICH MAY BE REQUESTED AT THE TIME OF SERVICE.2. PAYMENT IN FULL ON ALL SELF-PAY BALANCES IS EXPECTED WITHIN 30 DAYS OF RECEIPT OF THE FIRST STATEMENT. THE RESPONSIBILITY FOR PAYMENT REMAINS WITH THE GUARANTOR. THE ASSOCIATION DOES NOT BECOME INVOLVED IN DISPUTES THAT OCCUR AS A RESULT OF DIVORCE SETTLEMENTS, CHILD CUSTODY, AND ACCIDENTAL INJURY OR THIRD PARTY LITIGATION.3. WORKING WITH THE GUARANTOR, THE ASSOCIATION WILL ESTABLISH PAYMENT ARRANGEMENTS WHEN PAYMENT IN FULL CANNOT BE MADE. COLLECTION EFFORTS ARE SUSPENDED WHEN THE GUARANTOR REQUESTS A FINANCIAL ASSISTANCE APPLICATION. THIS SUSPENSION IS IN EFFECT FOR 30 CALENDAR DAYS GIVING THE APPROPRIATE PARTY TIME TO COMPLETE THE APPLICATION AND PROVIDE THE REQUIRED DOCUMENTATION. COLLECTION EFFORTS REMAIN SUSPENDED UNTIL THE FINAL DETERMINATION OF QUALIFICATION IS COMPLETED.4. ALL TRANSACTIONS ARE REQUIRED TO AGE A MINIMUM OF 120 DAYS, ALLOWING FOR 4 STATEMENTS AND AT LEAST 1 LETTER, BEFORE BEING CONSIDERED FOR TRANSFER TO AN OUTSIDE COLLECTION AGENCY.5. IF AN ACCOUNT HAS A MAIL RETURN STATUS AND ALL STEPS TAKEN TO FIND THE ADDRESS WERE UNSUCCESSFUL THE ACCOUNT MAY BE TURNED TO COLLECTION FOR FURTHER RESEARCH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	CENTRAL WASHINGTON HOSPITAL PARTICIPATED IN A COMMUNITY WIDE NEEDS ASSESSMENT IN COOPERATION WITH ACTION HEALTH PARTNERS, CHELAN-DOUGLAS HEALTH DISTRICT, AND CONFLUENCE HEALTH.
PART VI, LINE 3:	COMMUNICATIONS TO THE PUBLIC: INFORMATION ABOUT THE ASSOCIATION'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY ALSO KNOWN AS COMPASSIONATE CARE PROGRAM (CCP) SHALL BE MADE PUBLICLY AVAILABLE AS FOLLOWS:1. A NOTICE ADVISING PATIENTS THAT THE HOSPITAL PROVIDES COMPASSIONATE CARE SHALL BE POSTED IN KEY PUBLIC AREAS OF THE FACILITY.2. THE ASSOCIATION WILL DISTRIBUTE A WRITTEN NOTICE ABOUT THE AVAILABILITY OF COMPASSIONATE CARE TO ALL PATIENTS AT THE TIME OF NEW PATIENT REGISTRATION THROUGH THE EMERGENCY DEPARTMENT AND DURING ADMISSIONS. THIS INFORMATION WILL ALSO BE AVAILABLE ON THE WEBSITE, WITH EACH BILLING STATEMENT, AND IN ANY COLLECTION LETTERS SENT BY THE ASSOCIATION.3. THE WRITTEN NOTICE SHALL BE AVAILABLE IN ANY LANGUAGE SPOKEN BY MORE THAN FIVE PERCENT OF THE POPULATION IN THE ASSOCIATION'S SERVICE AREA, AND INTERPRETED FOR OTHER NON-ENGLISH SPEAKING OR LIMITED-ENGLISH SPEAKING PATIENTS AND FOR OTHER PATIENTS WHO CANNOT UNDERSTAND THE WRITING AND/OR EXPLANATION. THE ASSOCIATION'S SERVICE AREA IS DEFINED AS; CHELAN, DOUGLAS, OKANOGAN AND GRANT COUNTIES. THE ASSOCIATION FINDS THAT FOLLOWING NO-ENGLISH TRANSLATION(S) OF THE NOTICE SHALL BE MADE AVAILABLE: SPANISH.4. THE ASSOCIATION WILL REFER ALL COMPASSIONATE CARE INQUIRIES TO THE FINANCIAL ASSISTANCE DEPARTMENT OR WHEN POSSIBLE DIRECTLY TO THE COMPASSIONATE CARE COORDINATOR SO THAT ALL CONCERNS CAN BE ADDRESSED IN A TIMELY MANNER.5. WRITTEN NOTICE ABOUT THE ASSOCIATION'S COMPASSIONATE CARE POLICY SHALL BE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION, EITHER BY MAIL, BY TELEPHONE OR IN PERSON. THE ASSOCIATION'S COMPASSIONATE CARE SLIDING SCALE DISCOUNT TABLE SHALL ALSO BE MADE AVAILABLE UPON REQUEST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	THE ASSOCIATION IS ACCREDITED BY DNV GL HEALTHCARE AND OPERATES A LICENSED 198-BED ACUTE CARE HOSPITAL DELIVERING A FULL RANGE OF HEALTH CARE SERVICES IN WENATCHEE, WASHINGTON, AND THE NORTH CENTRAL WASHINGTON AREA. THE ASSOCIATION IS A NOT-FOR-PROFIT INSTITUTION GOVERNED BY A BOARD OF DIRECTORS, PROVIDING GENERAL INPATIENT SERVICES INCLUDING MEDICAL, SURGICAL, HOME INFUSION SERVICES, INTENSIVE CARE AND CORONARY CARE, NEONATAL INTENSIVE CARE, PEDIATRICS, OBSTETRICS, GYNECOLOGY, AND ONCOLOGY. THE ASSOCIATION IS A FEDERAL REGIONAL REFERRAL CENTER, AND IS DESIGNATED BY THE STATE AS A LEVEL III GENERAL TRAUMA CENTER AND LEVEL III PEDIATRIC TRAUMA CENTER, SUPPORTED BY A COMPREHENSIVE RANGE OF SURGICAL PROCEDURES IN ORTHOPEDIC, NEUROSURGERY, VASCULAR SURGERY, INTERVENTIONAL CARDIAC CATHETERIZATION, AND OPEN-HEART SURGERY. WENATCHEE, WASHINGTON IS APPROXIMATELY 150 MILES EAST OF SEATTLE, WASHINGTON AND 170 MILES WEST OF SPOKANE, WASHINGTON. CHELAN AND DOUGLAS COUNTIES COMPRISE THE ASSOCIATION'S PRIMARY SERVICE AREA WHILE GRANT AND OKANOGAN COUNTIES REPRESENT SECONDARY SERVICE AREAS. APPROXIMATELY 96% OF THE ASSOCIATION'S PATIENT ADMISSIONS ARE FROM THE PRIMARY AND SECONDARY SERVICE AREAS. THE SERVICE AREA'S POPULATION IS HEAVILY WEIGHTED IN THE 65+ AGE COHORT. IN ADDITION, THE ASSOCIATION HAS A HIGH CONCENTRATION OF FARM AND AGRICULTURE RELATED EMPLOYERS/EMPLOYEES.
PART VI, LINE 5:	CENTRAL WASHINGTON HOSPITAL'S GOVERNING BOARD IS COMPRISED OF LOCAL AREA RESIDENTS. THE HOSPITAL EXTENDS ITS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. CWH USES ITS INCOME TO UPDATE EQUIPMENT, TECHNOLOGY AND FACILITIES TO IMPROVE PATIENT CARE. THE HOSPITAL OFFERS EDUCATION FOR AREA PHYSICIANS AND COMMUNITY MEMBERS. ALSO AVAILABLE TO PHYSICIANS AND THE COMMUNITY IS THE HEMINGER HEALTH LIBRARY. WE COLLABORATE WITH MANY LOCAL AND STATE COLLEGES, UNIVERSITIES, AND OUR LOCAL HIGH SCHOOL IN SUPPORT OF STUDENT LEARNING OPPORTUNITIES. AN ELECTRONIC MEDICAL RECORD WAS IMPLEMENTED. IT GIVES OUR PROVIDERS ALL THE MEDICAL INFORMATION NEEDED TO MAKE THE BEST DECISIONS IN THE CARE OF OUR PATIENTS. THE HOSPITAL IS A FEDERAL REGIONAL REFERRAL CENTER AND A LEVEL III GENERAL AND PEDIATRIC TRAUMA CENTER.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	CONFLUENCE HEALTH WAS FORMED IN 2012 AS A HEALTH SYSTEM THAT REPRESENTS AN AFFILIATION BETWEEN THE ASSOCIATION AND WENATCHEE VALLEY MEDICAL GROUP (A FOR-PROFIT ORGANIZATION) AND WENATCHEE VALLEY HOSPITAL. EFFECTIVE JANUARY 1, 2013, THE ASSOCIATION AFFILIATED WITH CONFLUENCE HEALTH, AND CONFLUENCE HEALTH BECAME THE SOLE MEMBER OF THE ASSOCIATION. THE BOARD OF DIRECTORS OF CONFLUENCE HEALTH CONSISTS OF 9 COMMUNITY MEMBERS AND 6 PHYSICIANS OF WENATCHEE VALLEY MEDICAL GROUP. THE MISSION STATEMENT OF CONFLUENCE HEALTH IS: WE ARE DEDICATED TO IMPROVING OUR PATIENT'S HEALTH BY PROVIDING SAFE, HIGH-QUALITY CARE IN A COMPASSIONATE AND COST EFFECTIVE MANNER.
PART VI, LINE 7:	N/A

Additional Data

Software ID:

Software Version:

EIN: 91-0171250

Name: CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CENTRAL WASHINGTON HOSPITAL 1201 S MILLER ST WENATCHEE, WA 98801 WWW.CONFLUENCEHEALTH.ORG HAC.FS.00000168	X	X					X			

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 5: DURING JUNE AND AUGUST 2019, SIX COMMUNITY FOCUS GROUPS WERE HELD THROUGHOUT THE NORTH CENTRAL WASHINGTON REGION WITH AT LEAST ONE FOCUS GROUP IN EACH COUNTY (I.E. CHELAN-DOUGLAS, GRANT, AND OKANOGAN). EACH FOCUS GROUP WAS ATTENDED BY COMMUNITY STAKEHOLDERS FROM A VARIETY OF ORGANIZATIONS AND SECTORS (E.G. EDUCATION, HEALTHCARE, SOCIAL SERVICES). THE FOCUS GROUPS UTILIZED THE SWOT (STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS) ANALYSIS TO IDENTIFY THE HEALTH-RELATED STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS. EACH SWOT QUESTION WAS LED BY A FACILITATOR WHO GUIDED DISCUSSION AND RECORDED ANSWERS SHARED BY PARTICIPANTS. THE COMMUNITY VOICE SURVEY FROM THE 2016 CHNA WAS USED AGAIN IN THE 2019 CHNA WITH THE ADDITION OF ONE QUESTION. A QUESTION ABOUT HEALTH INSURANCE WAS ADDED TO BETTER INFORM THE DEMOGRAPHICS; TRACKING RESPONSES OF HIGH NEEDS INDIVIDUALS. THE SURVEY CONSISTED OF 15 QUESTIONS AND WAS OPEN FOR THREE MONTHS (FEBRUARY 14 TO MAY 9, 2019).THE SURVEY WAS OFFERED IN ENGLISH AND SPANISH. IT WAS ADMINISTERED USING SURVEYMONKEY (AN ONLINE SURVEY TOOL). PAPER COPIES WERE PROVIDED AT VARIOUS ORGANIZATIONS THROUGHOUT THE REGION. DIRECT SURVEY OUTREACH ALSO OCCURRED AT SOME OF THE REGIONAL FOOD BANKS. 5,010 NORTH CENTRAL WASHINGTON RESIDENTS FILLED OUT THE SURVEY, REPRESENTING A VARIETY OF SECTORS; 33% IDENTIFYING AS COMMUNITY MEMBERS.THE SURVEY CAPTURED THE OPINIONS OF THE HEALTH OF THE COMMUNITY, THE FACTORS TO IMPROVE HEALTH, THE GREATEST RISKS TO HEALTH AND THE BEHAVIORS IN THE COMMUNITY THAT POSITIVELY OR NEGATIVELY AFFECT HEALTH.ORGANIZATIONS CONSULTED: ACTION HEALTH PARTNERS, AGING AND ADULT CARE, AMERIGROUP, BEACON HEALTH OPTIONS, CASCADE MEDICAL CENTER, CASCADE UNITARIAN UNIVERSALIST FELLOWSHIP, CATHOLIC CHARITIES, CENTRAL WASHINGTON SLEEP, DIAGNOSTIC CENTER, CHELAN SENIOR CENTER, CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL, CHELAN-DOUGLAS HEALTH DISTRICT, CHELAN-DOUGLAS TRANSPORTATION COUNCIL, CHILDREN'S HOME SOCIETY WASHINGTON, CITY OF EAST WENATCHEE, CITY OF WENATCHEE, COLUMBIA BASIN HOSPITAL , COLUMBIA VALLEY COMMUNITY HEALTH, CONFLUENCE HEALTH, CONFLUENCE HEALTH FOUNDATION, COORDINATED CARE, GRAND COULEE DAM SCHOOL DISTRICT, GRANT COUNTY HEALTH DISTRICT, GRANT INTEGRATED SERVICES, LAKE CHELAN COMMUNITY HOSPITAL, LAKE CHELAN HEALTH & WELLNESS FOUNDATION, MATTAWA COMMUNITY MEDICAL CLINIC, MATTAWA POLICE, MICROSOFT, MID-VALLEY HOSPITAL, MOLINA HEALTHCARE, MOSES LAKE COMMUNITY HEALTH CENTER, NEW HOPE, NORTH CENTRAL ACCOUNTABLE COMMUNITY OF HEALTH, NORTH CENTRAL EDUCATIONAL SERVICE DISTRICT, NORTH CENTRAL REGIONAL LIBRARY, NORTH VALLEY HOSPITAL, OKANOGAN COUNTY COMMUNITY ACTION COUNCIL, OKANOGAN COUNTY PUBLIC HEALTH, OKANOGAN COUNTY TRANSIT, OKANOGAN JUVENILE DETENTION, PARKVIEW MEDICAL GROUP, QUINCY PARTNERSHIP FOR YOUTH, ROOM ONE, SAMARITAN HEALTHCARE, SKILLSOURCE ,TENDER LOVING CARE ,THREE RIVERS HOSPITAL, TOGETHER! FOR YOUTH, UPPER VALLEY MEND, WAHLUKE COMMUNITY COALITION, WASHINGTON STATE UNIVERSITY EXT

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
CENTRAL WASHINGTON HOSPITAL	ENSION, WENATCHEE VALLEY DISPUTE RESOLUTION CENTER, WOMEN'S RESOURCE CENTER, WORKSOURCE

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 6A: WENATCHEE VALLEY HOSPITAL

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 6B: ACTION HEALTH PARTNERS CHELAN-DOUGLAS HEALTH DISTRICT CONFLUENCE HEALTH

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 11: THERE WERE FIVE SIGNIFICANT NEEDS IDENTIFIED IN THE 2019 CHNA: 1) CHRONIC HEALTH - CONFLUENCE HEALTH CONTINUES TO INVEST AND PARTICIPATE IN PROGRAMS THAT ARE COMMUNITY BASED AND WHICH TARGET DIABETICS AND THOSE PATIENTS AT RISK OF DEVELOPING D IABETES. CH STAFF WILL CONTINUE TO ENGAGE IN EDUCATION AND OUTREACH IN THE COMMUNITY SETT I NG (E.G. COOKING CLASSES AT PYBUS MARKET, GROUP EDUCATION COURSES, SCHOOL OUTREACH) TO PRO MOTE EDUCATION AND EMPOWER PATIENTS TO LEARN WAYS TO SELF-MANAGE THEIR DIABETES.CONFLUENCE HEALTH WILL ALSO CONTINUE TO INVEST IN DEVELOPING SUSTAINABLE CARE MODELS FOR DELIVERY OF CARE TO PATIENTS DIAGNOSED WITH, OR AT RISK OF DEVELOPING, DIABETES. WEIGHT MANAGEMENT IN ITIATIVES WILL CONTINUE TO INCLUDE EMOTIONAL AND BEHAVIORAL HEALTH EDUCATION TO ADDRESS MO TIVATION AS WELL AS DIABETES-RELATED DISTRESS (I.E. EMOTIONAL RESPONSES RELATED TO THE DIS EASE). THIS SUPPORT INCLUDES INTERVENTION STRATEGIES TO PROMOTE PATIENT ENGAGEMENT AND SEL F-MANAGEMENT.CONFLUENCE HEALTH WILL CONTINUE TO REFINE PROCESSES FOR IDENTIFYING PATIENTS SEEN IN THE PRACTICE WHO ARE AT HIGH RISK ACCORDING TO ADA RECOMMENDATIONS. SCREENING WILL OCCUR IN ALL PATIENT CARE AREAS AND APPROPRIATE FOLLOW UP WILL BE PROVIDED. TO DELIVER TH IS CARE, THE ORGANIZATION WILL CONTINUE TO DEVELOP AND EDUCATE ON THE CONSISTENT USE OF TR EATMENT ALGORITHMS FOR PATIENTS WITH DIABETES. CARE TEAMS AND PATIENTS WILL DETERMINE MUTU ALLY AGREED-UPON TREATMENT PLANS AND GOALS WILL BE INDIVIDUALIZED TO EACH PATIENT'S NEEDS. CONFLUENCE HEALTH CONTINUES TO INVEST IN TRAINING CARE TEAM MEMBERS WHO SHOULD, THROUGH TR AINING, BE AWARE OF THE IMPORTANCE OF HYPERTENSION MANAGEMENT AND BLOOD PRESSURE GOALS. TE AM MEMBERS SHOULD BE ENCOURAGED TO COMMENT TO PATIENTS ON THEIR PROGRESS AND ON THE IMPORT ANCE OF MEDICATIONS AND MEDICATION ADHERENCE, ESPECIALLY WHEN PATIENTS ARE NOT AT GOAL. TH IS FOCUS WILL ENSURE APPROPRIATE MEASUREMENT OF A PATIENT'S BLOOD PRESSURE AND IMPROVE PRO VIDER DECISIONS WHEN DELIVERING TREATMENT.ENSURING CONSISTENT MEASUREMENT OF A PATIENT'S C ONDITION AT ALL VISITS THROUGHOUT THE SYSTEM IS KEY. THROUGH THIS MEASUREMENT, APPROPRIATE CATEGORIZATION AND ASSESSMENT OF PATIENTS LEADS TO BETTER CARE DELIVERY. ALTHOUGH PATIENT S WITH HYPERTENSION MAY VISIT A PRIMARY CARE PHYSICIAN OR SPECIALIST FOR NON-HYPERTENSION CHIEF COMPLAINT, STANDARDIZED PROCESSES ARE IN PLACE TO ASSURE HYPERTENSION IS EVALUATED A ND/OR TREATED AT EVERY VISIT.2) ACCESS TO HEALTHCARE INCLUDING BEHAVIORAL HEALTH - CONFLUE NCE HEALTH WILL CONTINUE TO PROVIDE MEDICATION MANAGEMENT SERVICES TO OUR REMOTE SITES IN NORTH COUNTRY. CONFLUENCE HEALTH WILL IMPLEMENT THE COLLABORATIVE CARE MODEL IN OUR OMAK C LINIC. THE COLLABORATIVE CARE MODEL HAS THE MOST EVIDENCE AMONG INTEGRATION MODELS TO DEMO NSTRATE ITS EFFECTIVE AND EFFICIENT INTEGRATION IN TERMS OF CONTROLLING COSTS, IMPROVING A CCESS, IMPROVING CLINICAL OUTCOMES, AND INCREASING PATIENT SATISFACTION IN RURAL PRIMARY C ARE SETTINGS. CONFLUENCE HEALT

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
CENTRAL WASHINGTON HOSPITAL	H STAYS COMMITTED TO OFFERING GROUP THERAPY AS A TREATMENT OPTION. GROUPS CAN OFFER MANY BENEFITS TO THE PATIENT INCLUDING INCREASED ACCESS TO CARE. A THERAPY GROUP PROVIDES AN OPP ORTUNITY FOR PEOPLE TO SHARE WITH EACH OTHER PERSONAL EXPERIENCES AND FEELINGS, COPING STR ATEGIES OR FIRSTHAND INFORMATION ABOUT DISEASES OR TREATMENTS.CONFLUENCE HEALTH IS COMMITT ED TO PROVIDING CARE TO ALL PATIENTS IN A TIMELY MANNER. ONE OF THE MOST IMPORTANT FEATURE S OF THIS COMMITMENT IS OUR COMPASSIONATE CARE PROGRAM, IN WHICH WE WORK WITH PATIENTS TO COVER SOME OR ALL COSTS. IN 2019 WE PROVIDED \$15,000,000 OF CARE THROUGH THIS PROGRAM, WHI CH EQUATE TO ABOUT 25,000 PATIENT ACCOUNTS. THERE IS CLEAR EVIDENCE THAT LOWER INCOME PATI ENTS HAVE LOWER RATES OF HEALTH CARE USAGE, ACCORDING TO THE CDC, AND WE WANT TO ENSURE TH AT ALL PATIENTS RECEIVE APPROPRIATE CARE REGARDLESS OF COST.IN ADDITION, WE WANT TO ENSURE THAT ALL PATIENTS ARE TREATED EQUALLY AND FEEL WELCOME TO RECEIVE CARE ACROSS ALL SITES I N CONFLUENCE HEALTH. IN 2016, WE STARTED A HEALTH, EQUITY, DIVERSITY AND INCLUSION PROGRAM WHICH NOW WORKS TO ADDRESS AND IMPROVE ISSUES OF DIVERSITY AND INCLUSION FOR PATIENTS AND STAFF. THIS ROBUST PROGRAM WILL CONTINUE TO GROW AND HELP CARE FOR ALL PATIENTS.AVAILABIL ITY OF PRIMARY CARE PROVIDERS REMAINS AN ONGOING ISSUE, AND CONFLUENCE CONTINUES TO COMMIT SIGNIFICANT EFFORTS TO RECRUITING MORE PROVIDERS. IN 2019, WE HIRED 29 NEW PRIMARY CARE P ROVIDERS AT CONFLUENCE HEALTH AND CONTINUE OUR RECRUITING EFFORTS ACROSS OUR SYSTEM.CONFLU ENCE HEALTH IS ALSO CONTINUING TO IMPROVE THE AVAILABILITY OF APPOINTMENTS IN PRIMARY CARE CLINICS. SEVERAL OF OUR PROVIDERS HAVE TRANSITIONED TO OPEN ACCESS MODELS WHERE VIRTUALLY ALL APPOINTMENTS ARE BOOKED WITHIN 24 HOURS. WE ARE COMMITTED TO EXPANDING THIS MODEL TO ADDITIONAL PRACTICES. FURTHERMORE, WE OFFER VIRTUAL (PHONE) VISITS AND ARE WORKING TO EXPA ND THESE OPTIONS AS WELL. FINALLY, WE WILL EXPLORE TELEHEALTH AS AN OPTION FOR PRIMARY CAR E VISITS WHICH IS PARTICULARLY IMPORTANT FOR PATIENTS WHO TRAVEL LONG DISTANCES FOR CARE.A S WE MOVE FORWARD, WE AIM TO CONTINUE TO DEVELOP COMMUNITY PARTNERSHIPS THAT WILL EXPAND O UR CARE DELIVERY OPTIONS AND SERVICES PROVIDED. SOMETIMES ACCESS TO CARE MAY INCLUDE EXERC ISE PRESCRIPTIONS, DIETARY COUNSELING, OR MEDICATION MANAGEMENT WHICH CAN ALL BE PROVIDED BY CARE TEAMS. FURTHERMORE, WE UNDERSTAND THAT ONLINE SCHEDULING AND APPOINTMENT AVAILABIL ITY THOUGHT ONLINE PORTALS CAN HELP WITH ACCESS AS WELL. WE WILL CONTINUE TO IMPROVE THESE OPTIONS AS WELL.3) EDUCATION - CONFLUENCE HEALTH CONTINUES TO INVEST AND PARTICIPATE IN E DUCATIONAL PROGRAMS THAT ARE COMMUNITY BASED, WHICH TARGET SPECIFIC HEALTH RELATED CONDITI ONS. CONFLUENCE HEALTH STAFF WILL CONTINUE TO ENGAGE THE COMMUNITY IN EDUCATION AND OUTREA CH IN THE COMMUNITY SETTING (E.G. COOKING CLASSES AT PYBUS MARKET, GROUP EDUCATION COURSES , SCHOOL OUTREACH) TO PROMOTE EDUCATION AND EMPOWER PATIENTS TO LEARN WAYS TO SELF-MANAGE THEIR HEALTH.4) SUBSTANCE ABUS

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
CENTRAL WASHINGTON HOSPITAL	E - CONFLUENCE HEALTH CONTINUES TO INVEST AND PARTICIPATE IN PROGRAMS THAT ARE COMMUNITY BASED WHICH WILL TARGET PATIENTS, AND COMMUNITY MEMBERS, CURRENTLY, OR AT RISK OF, OPIOID OR ALCOHOL ABUSE.5) AFFORDABLE HOUSING - CONFLUENCE HEALTH WILL CONTINUE TO PARTNER WITH LOCAL ADVOCACY GROUPS TO ADDRESS AFFORDABLE HOUSING. THESE PARTNERSHIPS MAY TAKE VARIOUS FORMS INCLUDING, BUT NOT LIMITED TO, HOUSING TASK FORCES WITHIN THE COMMUNITIES CONFLUENCE HEALTH SERVES, COORDINATING WITH LOCAL HOTELS TO OFFER DISCOUNTED RATES FOR PATIENTS, AND FAMILY MEMBERS.CONFLUENCE HEALTH WILL ALSO CONTINUE TO ENSURE ACTIVE LEADERSHIP REPRESENTATION ON HOUSING TASK FORCES AND/OR ADVOCACY GROUPS.

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 13B: THE INDIVIDUAL FINANCIAL CIRCUMSTANCES STATED IN THE WRITTEN FINANCIAL POLICY IS TO TAKE INTO CONSIDERATION THE PATIENT/GUARANTOR'S ASSETS AND THEIR ABILITY TO PAY.

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
CENTRAL WASHINGTON HOSPITAL	PART V, SECTION B, LINE 13H: COMPASSIONATE CARE IS GENERALLY CONSIDERED ONLY AFTER ALL OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT HAVE BEEN EXPLORED AND EXHAUSTED. IN ORDER TO QUALIFY FOR COMPASSIONATE CARE, THE PATIENT/GUARANTOR MUST FULLY COOPERATE WITH THE HOSPITAL IN EXPLORING AND APPLYING FOR THESE RESOURCES. OTHER FINANCIAL RESOURCES INCLUDE BUT ARE NOT LIMITED TO: GROUP OR INDIVIDUAL MEDICAL PLANS, SECONDARY OR SUPPLEMENTAL INSURANCE POLICIES, WORKER'S COMPENSATION, MEDICARE, MEDICAID OR MEDICAL ASSISTANCE PROGRAMS, OTHER STATE, FEDERAL OR MILITARY PROGRAMS, THIRD PARTY LIABILITY SITUATIONS (E.G. AUTO ACCIDENTS OR PERSONAL INJURIES), OR ANY OTHER SITUATION IN WHICH ANOTHER PERSON OR ENTITY MAY HAVE A LEGAL RESPONSIBILITY TO PAY FOR THE COSTS OF MEDICAL SERVICES.COMPASSIONATE CARE FOR NON-EMERGENT SERVICES SHALL BE LIMITED TO THOSE RESIDING WITH THE HOSPITALS DESIGNATED SERVICE AREA, WHICH IS DEFINED AS THE COUNTIES OF CHELAN, DOUGLAS, GRANT AND OKANOGAN AS WELL AS THE TOWN OF OTHELLO. NON-EMERGENT SERVICES SHALL BE DEFINED AS THOSE SERVICES WHICH ARE NOT CONSIDERED AS AN "EMERGENCY MEDICAL CONDITION" UNDER THE POLICY'S DEFINITION.COMPASSIONATE CARE SHALL BE LIMITED TO "APPROPRIATE HOSPITAL (PHYSICIAN)-BASED MEDICAL SERVICES" AS DEFINED IN THE POLICY. ELECTIVE OR COSMETIC PROCEDURES THAT DO NOT MEET THE DEFINITION OF APPROPRIATE AS SET FORTH IN THE WA ADMINISTRATIVE CODE (WAC) 246-453-010(7) ARE EXCLUDED AS WELL AS PROCEDURES DONE OUTSIDE OF THE HOSPITAL.IN THOSE SITUATIONS, WHERE APPROPRIATE PRIMARY PAYMENT SOURCES ARE NOT AVAILABLE, OR IN CERTAIN SITUATIONS WHEN THE PRIMARY PAYMENT SOURCE LEAVES A BALANCE THAT IS THE PATIENT'S LIABILITY, PATIENTS WILL BE CONSIDERED FOR COMPASSIONATE CARE UNDER THE POLICY.OTHER ELIGIBILITY CRITERIA INCLUDES CIRCUMSTANCES THAT INDICATE SEVERE FINANCIAL HARDSHIP OR PERSONAL LOSS.

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, LINE 10A, IMPLEMENTATION STRATEGY WEBSITE:	HTTPS://WWW.CONFLUENCEHEALTH.ORG/DOCUMENTS/CONFLUENCE-HEALTH-2019-COMMUNITY-HEALTH-IMPLEMENTATION-STRATEGY.002).PDF

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, LINE 16A, FAP WEBSITE:	HTTPS://WWW.CONFLUENCEHEALTH.ORG/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE/CHARITY-CARE/

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

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

Form and Line Reference	Explanation
PART V, LINE 16B, FAP APPLICATION WEBSITE:	HTTPS://WWW.CONFLUENCEHEALTH.ORG/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE/CHARITY-CARE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:	HTTPS://WWW.CONFLUENCEHEALTH.ORG/PATIENT-INFORMATION/FINANCIAL-ASSISTANCE/CHARITY-CARE/

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number
91-0171250

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) EASE CANCER FOUNDATION 108 CEDAR ST CASHMERE, WA 98815	20-8047581	501(C)(3)	10,000				GENERAL
(2) CONFLUENCE HEALTH FOUNDATION 518 N CHELAN WENATCHEE, WA 98801	91-1075950	501(C)(3)	247,019				GENERAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3 Enter total number of other organizations listed in the line 1 table 0

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

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

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

Return Reference	Explanation
PART I, LINE 2:	OUTSIDE ORGANIZATIONS SUBMIT REQUESTS TO THE ORGANIZATION THROUGHOUT THE YEAR. THE REQUESTS ARE SEPARATED BASED ON THE MONETARY VALUE REQUESTED. EACH REQUEST REQUIRES SUPPORT FROM THE REQUESTING ORGANIZATION AS TO THE PURPOSE/USE OF THE FUNDS AND WHETHER THE REQUEST BENEFITS THE COMMUNITY. TWO COMMITTEES REVIEW THE REQUESTS BASED ON THE MONETARY VALUE OF THE REQUEST.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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 CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION		Employer identification number 91-0171250

Part I Questions Regarding Compensation		Yes	No
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☒ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	Yes
b Any related organization?		6b	Yes
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	CYNTHIA TENER, CARDIO SERVICE LINE DIRECTOR, RECEIVED A MOVING ALLOWANCE THAT WAS A GROSS-UP PAYMENT.
PART I, LINE 6	EVERY PAY PERIOD, THE EMPLOYER CONTRIBUTES THE MATCH PERCENTAGE PER THE PLAN DOCUMENT INTO THE EMPLOYEES' RETIREMENT ACCOUNT. ANNUALLY, THE BOARD DETERMINES BASED ON FINANCIAL RESULTS IF AN ADDITIONAL (OR DISCRETIONARY) AMOUNT WILL BE CONTRIBUTED TO THE EMPLOYEES' ACCOUNTS. THE PERCENTAGE IS BASED ON EMPLOYEE CLASSIFICATION AND LENGTH OF SERVICE. THE DECISION IS BASED ON MEETING ORGANIZATIONAL GOALS, AND ONE OF THOSE GOALS IS THE COMBINED OPERATING MARGIN OF THE THREE CONFLUENCE HEALTH SYSTEM ORGANIZATIONS: CONFLUENCE HEALTH, CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION, AND WENATCHEE VALLEY HOSPITAL.
PART II:	COMPENSATION FOR DR. STUART FREED IS REVIEWED, APPROVED, AND PAID BY AN UNRELATED THIRD PARTY, WENATCHEE VALLEY MEDICAL GROUP, FOR SERVICES PERFORMED FOR CONFLUENCE HEALTH. COMPENSATION PAID IN 2019 WAS \$575,697.

Additional Data

Software ID:

Software Version:

EIN: 91-0171250

Name: CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PETER RUTHERFORD CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	628,531	53,520	0	21,782	22,200	726,033	0
1STUART D FREED MD CHIEF MEDICAL OFFICER WVMG	(i)	0	0	0	0	0	0	0
	(ii)	491,714	41,498	0	22,915	19,568	575,695	0
2JOHN R DOYLE CHIEF FINANCAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	409,655	38,606	0	21,782	20,743	490,786	0
3VIKKI L NOYES CHIEF OPERATING OFFICER - CWH	(i)	0	0	0	0	0	0	0
	(ii)	415,811	35,720	0	17,247	17,428	486,206	0
4JAMES B WOOD CHIEF ADMIN OFFICER (THRU 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	399,276	29,307	0	17,247	26,457	472,287	0
5ROBERT J PAGELER CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	301,838	26,294	0	17,247	22,430	367,809	0
6CORY M FERARI-ZIMMERMAN INTERIM CFO (FROM 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	223,928	9,579	5,342	13,566	19,763	272,178	0
7JAY H JOHNSON SR VP NETWORK STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	331,965	28,308	16,075	21,782	19,564	417,694	0
8TRACEY A KASNIC SR VP INPATIENT & CNO	(i)	0	0	0	0	0	0	0
	(ii)	325,165	27,851	12,432	21,782	12,337	399,567	0
9JEANINE M ALLEN SR VP CWH OUTPATIENT SERV	(i)	0	0	0	0	0	0	0
	(ii)	226,985	19,561	0	18,717	22,100	287,363	0
10FARAZ S AHMED SR VP PRIMARY CARE (THRU 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	186,430	13,480	34,444	9,540	19,638	263,532	0
11PETER N LOLOS JR SR VP FACILITY SUPT SRV (THRU 09/19)	(i)	0	0	0	0	0	0	0
	(ii)	165,284	20,293	34,199	18,105	8,264	246,145	0
12JOELLEN COLSON SR VP ANCILLARY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	195,352	8,202	9,163	14,218	0	226,935	0
13EDMOND E THOMAS CRNA - NURSE ANESTHETIST	(i)	174,673	4,053	0	10,294	22,100	211,120	0
	(ii)	0	0	0	0	0	0	0
14DANUTE O SLAPSYS PHARMACIST	(i)	174,951	1,314	0	9,934	22,430	208,629	0
	(ii)	0	0	0	0	0	0	0
15RICHARD D ALLEN PA-C CARDIOLOGY SURGICAL	(i)	161,548	3,698	6,537	9,747	26,457	207,987	0
	(ii)	0	0	0	0	0	0	0
16SAMUEL L SCHULTE PHARMACIST - NIGHT	(i)	171,003	1,456	5,561	10,783	9,150	197,953	0
	(ii)	0	0	0	0	0	0	0
17CYNTHIA G TENER CARDIO SERV LINE DIRECTOR	(i)	163,655	10,075	0	0	20,492	194,222	0
	(ii)	0	0	0	0	0	0	0

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

► 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number
91-0171250

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 WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HPZ2	05-05-2015	109,863,859	CONSTRUCTION OF HEALTHCARE FACILITY; ADVANCE REFUNDING 2009 TAX EXEMPT BONDS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	13,275,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	109,863,859							
4	Gross proceeds in reserve funds	3,323,616							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,391,468							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	105,148,775							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	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						
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						
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 ▶								
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						
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						
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?								
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 9	THE ORGANIZATION HAS ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ANY NONQUALIFIED BONDS ARE REMEDIATED IN ACCORDANCE WITH REQUIREMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

CENTRAL WASHINGTON HEALTH SERVICES
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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

91-0171250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CONFLUENCE HEALTH AND AFFILIATES SHARE THE SAME BOARD AS PART OF THE OPERATING STRUCTURE. AS SUCH, ALL BOARD MEMBERS SERVE WITH EACH OTHER IN A SIMILAR CAPACITY ON RELATED ORGANIZATIONS. ADDITIONALLY, SOME BOARD MEMBERS ARE MINORITY OWNERS IN AN ENTITY THAT HAS A PROFESSIONAL SERVICE AGREEMENT WITH THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	CENTRAL WASHINGTON HOSPITAL HAS A MANAGEMENT SERVICES ARRANGEMENT WITH CONFLUENCE HEALTH, AN AFFILIATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) AS A SUPPORTING ORGANIZATION. THIS AGREEMENT PROVIDES FOR SHARED USE OF FACILITIES, OFFICER, EMPLOYEES, SUPPLIES AND OTHER ITEMS. THE COMPENSATION REPORTED IN PART VII IS PAID BY CONFLUENCE HEALTH UNDER THIS ARRANGEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE COMPOSITION OF THE GOVERNING BODY WAS UPDATED TO INCLUDE THE CHIEF OPERATING OFFICER AS AN OFFICER. THE ORGANIZATION'S PURPOSE WAS UPDATED TO INCLUDE REFERENCE TO OPERATING EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CONFLUENCE HEALTH, A NON-PROFIT CORPORATION ORGANIZED AND EXISTING PURSUANT TO CHAPTER 24.03 OF THE REVISED CODE OF WASHINGTON, WHICH IS KNOWN AS CONFLUENCE HEALTH AND IS THE PARENT ENTITY OF THE HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UPON THE EXPIRATION OF THE TERM OF OFFICE OF ANY BOARD MEMBER, INCLUDING EACH OF THE INITIAL BOARD MEMBERS SET FORTH IN THE BYLAWS, THE BOARD OF DIRECTORS OF CONFLUENCE HEALTH SHALL SELECT THE PERSON WHO SHALL FILL THE POSITION OF THE BOARD MEMBER WHOSE TERM IS EXPIRING, SUBJECT TO THE COMPOSITION REQUIREMENTS FOR THE BOARD OF DIRECTORS AS SET FORTH IN THE BYLAWS. THE PERSONS SELECTED BY THE BOARD OF DIRECTORS OF CONFLUENCE HEALTH TO FILL THE POSITION OF THE BOARD MEMBER WHOSE TERM IS EXPIRING SHALL BE OF THE HIGHEST COMPETENCE AND QUALITY WHO ARE WITHOUT CONFLICTS WITH CENTRAL WASHINGTON HOSPITAL THAT WOULD PROHIBIT THEIR SERVING IN ACCORDANCE WITH THE BYLAWS AND TAX OR OTHER REGULATORY REQUIREMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 AND SCHEDULE B, IF ANY, IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF FINANCE. SUBSEQUENT TO THIS REVIEW THE FORM 990 AND SCHEDULE B IS REVIEWED BY THE GOVERNING BOARD BEFORE BEING FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, EXECUTIVE TEAM MEMBERS, AND DIRECTORS ARE REQUIRED TO REVIEW THE CURRENT CONFLICT OF INTEREST POLICY AND COMPLETE AN ANNUAL QUESTIONNAIRE. THE NOMINATING COMMITTEE OF THE BOARD REVIEWS QUESTIONNAIRES OF EXISTING AND NEW MEMBERS FOR POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS OF INTEREST ARE RESOLVED BY THE NOMINATING COMMITTEE. THE EXECUTIVE TEAM REVIEWS QUESTIONNAIRES SUBMITTED BY EXECUTIVE TEAM MEMBERS AND DIRECTORS FOR POTENTIAL CONFLICTS OF INTEREST. POTENTIAL CONFLICTS OF INTEREST ARE RESOLVED BY THE EXECUTIVE TEAM IN COLLABORATION WITH THE CORPORATE COMPLIANCE OFFICER. REVIEW OF ALL CONFLICT OF INTEREST STATEMENTS IS NOTED WITHIN THE BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE GOVERNING BOARD ANNUALLY REVIEWS INDEPENDENT SALARY SURVEY INFORMATION AND RECOMMENDS A SALARY AND/OR A SALARY INCREASE FOR THE CEO TO THE GOVERNING BOARD. THE OTHER OFFICERS RECEIVE AN ANNUAL PERCENT INCREASE WHICH NON-CONTRACTUAL EMPLOYEES RECEIVE UNLESS THE CEO AWARDS A DIFFERENT PERCENTAGE. THE AMOUNT IS, TYPICALLY, BASED ON CURRENT CPI, MARKET AND SALARY SURVEY INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CENTRAL WASHINGTON HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CONTRIBUTION RECEIVABLE 1,301,378.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL WASHINGTON HEALTH SERVICES
ASSOCIATION

Employer identification number

91-0171250

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) CWH I LLC PO BOX 1887 WENATCHEE, WA 98807 82-4115832	HOLDING LAND	WA	0	0	CENTRAL WASHINGTON HOSPITAL

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) CONFLUENCE HEALTH 1201 SOUTH MILLER STREET WENATCHEE, WA 98801 45-4789950	HEALTH SYSTEM	WA	501(C)(3)	LINE 12C, III-FI	N/A		No
(2) WENATCHEE VALLEY HOSPITAL 820 NORTH CHELAN AVE WENATCHEE, WA 98801 45-5563741	HOSPITAL	WA	501(C)(3)	LINE 3	CONFLUENCE HEALTH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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?

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

Yes

No

No

Yes

Yes

No

Yes

No

No

Yes

Yes

No

Yes

No

No

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

Schedule R (Form 990) 2019

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