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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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
Yakima Valley Memorial Hospital Association

Doing business as
Virginia Mason Memorial

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2811 Tieton Drive

City or town, state or province, country, and ZIP or foreign postal code
Yakima, WA 98902

D Employer identification number
91-0567263

E Telephone number
(509) 575-8000

G Gross receipts $ 509,546,520

F Name and address of principal officer:
Carole E Peet
2811 Tieton Drive
Yakima, WA 98902

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.yakimamemorial.org

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

L Year of formation: 1950

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Virginia Mason Memorial VMM, part of the Virginia Mason Health System, is a 226-bed acute-care, not-for-profit community hospital that has served Central Washingtons Yakima Valley for nearly 70 years.

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,269
6	Total number of volunteers (estimate if necessary)	**6**	393
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	47,670,245
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,201,219	4,966,943
9	Program service revenue (Part VIII, line 2g)	461,698,745	491,209,069
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,544,936	8,129,417
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,944,696	4,295,483
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,299,724	508,600,912
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	378,584	364,250
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	245,952,191	247,823,520
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	232,322,790	251,603,166
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	478,653,565	499,790,936
19	Revenue less expenses. Subtract line 18 from line 12	-11,353,841	8,809,976

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	351,870,446	394,294,655
21	Total liabilities (Part X, line 26)	144,480,709	176,671,369
22	Net assets or fund balances. Subtract line 21 from line 20	207,389,737	217,623,286

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 — Date: 2020-10-27

▶ Carole E Peet President and CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-11		

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1918 8th Avenue Suite 2900
Seattle, WA 98101 — Phone no. (206) 913-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Virginia Mason Memorial VMM, part of the Virginia Mason Health System, is a 226-bed acute-care, not-for-profit community hospital that has served Central Washingtons Yakima Valley for nearly 70 years. VMMs purpose is to inspire people to thrive. Continued on Schedule O.

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: See Additional Data)	(Expenses $	155,703,785	including grants of $	) (Revenue $	300,455,612)
4b	(Code: See Additional Data)	(Expenses $	64,400,334	including grants of $	) (Revenue $	135,912,434)
4c	(Code: See Additional Data)	(Expenses $	118,891,196	including grants of $ 364,250	) (Revenue $	375,901)
4d	Other program services (Describe in Schedule O.)	(Expenses $	24,422,051	including grants of $	) (Revenue $	6,794,877)
4e	**Total program service expenses ▶**		363,417,366			

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	Yes	
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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 Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	259		
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)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,269		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
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		No
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		

Section C. Disclosure

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

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:
▶Timothy Reed VPCFO 2811 Tieton Dr Yakima, WA 98902 (509) 575-8000

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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										

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) ▶								7,257,083		797,817

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 ▶ 467

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Orthopedics Northwest 1211 N 16th Ave Yakima, WA 98902	Medical and Healthcare	17,343,110
Emergency Associates of Yakima 2811 Tieton Dr Yakima, WA 98902	Medical and Healthcare	10,560,768
Yakima Heart Center 406 S 30th Avenue Suite 101 Yakima, WA 98902	Medical and Healthcare	8,375,890
Virginia Mason Medical Center 1100 Ninth Avenue Seattle, WA 98101	Medical and Healthcare	6,620,805
Yakima Urology Associates PLLC 2500 Racquet Lane Yakima, WA 98902	Medical and Healthcare	6,534,406

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 ▶ 121

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	2,576,111		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,390,832		
	g Noncash contributions included in lines 1a - 1f: $	1g			
	h Total. Add lines 1a-1f . . . . . ▶		4,966,943		
Program Service Revenue		Business Code			
	2a Net patient revenue	621400	442,954,401	442,954,401	
	b Memorial Physicians/Signal Health	621110	47,409,919		47,409,919
	c Lab Service	621500	260,326		260,326
	d Expense Reimbursement	900099	567,064	567,064	
	e				
	f All other program service revenue.		17,359	17,359	
	g Total. Add lines 2a–2f. . . . . ▶	491,209,069			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,116,119		8,116,119
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents — 6a: 841,651				
	b Less: rental expenses — 6b: 945,608				
	c Rental income or (loss) — 6c: -103,957				
	d Net rental income or (loss) . . . . . ▶		-103,957		-103,957
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory — 7a: 13,298				
	b Less: cost or other basis and sales expenses — 7b				
	c Gain or (loss) — 7c: 13,298				
	d Net gain or (loss) . . . . . ▶		13,298		13,298
	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				
	b Less: cost of goods sold . . — 10b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Gift Shop	453220	332,258		332,258
	b Cafeteria	900099	2,038,476		2,038,476
	c Child Care	624410	970,456		970,456
	d All other revenue		1,058,250		1,058,250
	e Total. Add lines 11a–11d . . . . . ▶		4,399,440		
	12 Total revenue. See instructions . . . . ▶		508,600,912	443,538,824	47,670,245	12,424,900

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	364,250	364,250		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,040,240	2,130,196	910,044	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	202,144,968	132,637,823	69,507,145	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,520,945	8,214,905	3,306,040	
9 Other employee benefits	15,817,691	12,238,223	3,579,468	
10 Payroll taxes	15,299,676	11,146,257	4,153,419	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,089,980	21,193	1,068,787	
c Accounting	270,000		270,000	
d Lobbying	108,610		108,610	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,087,451	70,261,310	10,826,141	
12 Advertising and promotion	561,666	42,646	519,020	
13 Office expenses	20,786,462	7,965,723	12,820,739	
14 Information technology	14,039,291	5,913,997	8,125,294	
15 Royalties	0			
16 Occupancy	11,264,782	4,570,620	6,694,162	
17 Travel	517,348	284,095	233,253	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,072,890		2,072,890	
21 Payments to affiliates	2,177,328		2,177,328	
22 Depreciation, depletion, and amortization	21,073,998	19,364,577	1,709,421	
23 Insurance	3,386,813	2,039,239	1,347,574	
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 Medical Supplies	40,929,467	39,307,924	1,621,543	
b Drugs	37,045,379	36,977,385	67,994	
c Dietary supplies	1,995,664	286,525	1,709,139	
d				
e All other expenses	13,196,037	9,650,478	3,545,559	
25 **Total functional expenses.** Add lines 1 through 24e	499,790,936	363,417,366	136,373,570	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		65,087,245	1	67,648,727
	2	Savings and temporary cash investments		2,788,399	2	523,327
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		51,227,983	4	68,364,222
	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		841,711	7	484,337
	8	Inventories for sale or use		7,739,577	8	8,150,193
	9	Prepaid expenses and deferred charges		4,217,321	9	4,132,244
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 279,431,202			
	b	Less: accumulated depreciation	10b 79,294,356	206,561,334	10c	200,136,846
	11	Investments—publicly traded securities		6,199,952	11	5,029,440
	12	Investments—other securities. See Part IV, line 11		3,416,385	12	3,793,167
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1,771,608	14	1,390,437
	15	Other assets. See Part IV, line 11		2,018,931	15	34,641,715
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		351,870,446	16	394,294,655
Liabilities	17	Accounts payable and accrued expenses		82,913,418	17	114,281,428
	18	Grants payable			18	
	19	Deferred revenue		16,591	19	-1,668
	20	Tax-exempt bond liabilities		49,556,350	20	44,830,169
	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		11,994,350	23	17,561,440
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		144,480,709	26	176,671,369
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		204,856,814	27	214,637,680
	28	Net assets with donor restrictions		2,532,923	28	2,985,606
		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		207,389,737	32	217,623,286
	33	Total liabilities and net assets/fund balances		351,870,446	33	394,294,655

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	508,600,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	499,790,936
3	Revenue less expenses. Subtract line 2 from line 1	3	8,809,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,389,737
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,423,573
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	217,623,286

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital Association

Form 990 (2019)

Form 990, Part III, Line 4a:

Outpatient Services. During 2019, Virginia Mason Memorial VMM performed 881,945 outpatient visits for surgery, cancer care, diagnostic testing and various other therapeutic services. Those outpatient services were offered in a manner consistent with the hospitals 501c3 status, including charity care to qualifying patients per the hospitals charity care policy. In 2019, VMM provided charity care for 15,678 outpatient visits, totaling 17,703,880. Continued on Schedule O.

Form 990, Part III, Line 4b:

Inpatient Services. Virginia Mason Memorial VMM hospital admitted 517 patients that qualified for charity care, for a total of 1,611 patient days. These inpatient charity care encounters amounted to 2,849,786. Charity care was provided per the terms of the hospitals charity care policy. Inpatient services includes obstetrics gynecology OBGYN, pediatrics, psychiatric services, emergency department ED, hospital imaging, hospital-based physician services, critical care, orthopedics, cardiovascular care, cancer care, anesthesiology, respiratory therapy, and pharmacy. Continued on Schedule O.

Form 990, Part III, Line 4c:

Supporting Service. Virginia Mason Memorial provides additional supportive services to serve the health care needs of the community that do not directly align as either inpatient or outpatient services. These supportive services were offered in a manner consistent with the hospitals 501c3 status. These supportive services include educational services for student physicians, nurses, and allied health professionals, support of the Community Health of Central Washington CHCW medical residency program 30 residents, a pre-surgery clinic, nursing float pool, business development, and Information Technology and systems. Continued on Schedule O.

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			
Russell Myers President/CEO	40.00			X				1,616,607	0	68,196
Vu Le Physician - MP	40.00					X		1,047,608	0	63,550
Christopher Tan Physician - MP	40.00					X		751,570	0	34,062
Kevin Harrington Physician - MP	40.00					X		649,622	0	51,970
Tekchand Tanwani Physician - MP	40.00					X		553,062	0	69,670
Robert Conroy Physician - MP	40.00					X		517,367	0	67,867
William M Brueggman Vice President/CMO	40.00				X			513,890	0	62,865
Scott Lancaster DO MP/CEO, Former Key Employee	40.00						X	407,682	0	67,053
Tim Reed Vice President/CFO	40.00			X				297,558	0	65,038
Diane Patterson Vice President/CCO	40.00				X			270,436	0	71,222

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			
Jolene Seda Vice President, People Culture, Former Key Employee	40.00						X	224,997	0	65,401
Shawnie Haas ACO/CEO, Former Key Employee	40.00						X	199,979	0	62,114
Matthew Kollman MP/COO	40.00				X			206,705	0	48,809
Scott Wagner Director	2.00	X						0	0	0
Dave Hargreaves Director, Chairman	2.00	X		X				0	0	0
William Feldman MD Director	2.00	X						0	0	0
Buffy Alegria Director, Vice-Chairman	2.00	X		X				0	0	0
Bruce Heiser Director	2.00	X						0	0	0
Maribel Jimenez Director	2.00	X						0	0	0
Rich Martinez Director, Treasurer	2.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sonia Rodriguez True Director, Secretary	2.00	X		X				0	0	0
Steve Rupp MD Director	2.00	X						0	0	0
Gail Weaver Director	2.00	X						0	0	0
Jim Young Director	2.00	X						0	0	0
Kerry Harthcock MD Director	2.00	X						0	0	0
Cynthia Juarez Director	2.00	X						0	0	0

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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
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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** 0 %

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	0 %
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	0 %
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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital Association

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493324011100

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	Employer identification number
Yakima Valley Memorial Hospital Association	91-0567263

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)	48,610	183,519
b Total lobbying expenditures to influence a legislative body (direct lobbying)	60,000	123,581
c Total lobbying expenditures (add lines 1a and 1b)	108,610	307,100
d Other exempt purpose expenditures	499,682,326	1,766,048,048
e Total exempt purpose expenditures (add lines 1c and 1d)	499,790,936	1,766,355,148
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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.

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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	275,782	284,247	294,038	307,100	1,161,167
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	163,134	175,480	180,464	183,519	702,597

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		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?	Yes		60,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		48,610
j	Total. Add lines 1c through 1i			108,610
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
II-A A	Yakima Valley Memorial Hospital Association, EIN 91-0567263, 2811 Tieton Drive, Yakima, WA 98902. Non-electing member. 48,610 Grassroots Lobbying Expenditures 60,000 Direct Lobbying Expenditures. Excess Lobbying Expenditures 0. Yakima Valley Memorial Hospital Association pays membership dues to Washington State Hospital Association, a portion of which was used for legislative and lobbying activities. Yakima Valley Memorial Hospital Association also pays membership dues to other professional health care organizations, a portion of which may be used for legislative and lobbying activities.
II-A A continued	Virginia Mason Medical Center, EIN 91-0565539, 1100 Ninth Avenue, Seattle, WA 98101. Electing member. Grassroots Lobbying Expenditures 134,909 Direct Lobbying Expenditures 63,581. Excess Lobbying Expenditures 0. Tax year ending December 31, 1998 was the first year in which Virginia Mason Medical Center made the election under Section 501h. The election was not revoked before the start of the tax year ending December 31, 2019.
II-A A continued	Virginia Mason Institute, EIN 26-3763656, 1100 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures, 0 Excess Lobbying Expenditures.
II-A A continued	Virginia Mason Health System, EIN 91-1351110, 1100 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures. Excess Lobbying Expenditures 0
II-A A continued	Benaroya Research Institute at Virginia Mason, EIN 91-0653422, 1201 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures. Excess Lobbying Expenditures 0.

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TY 2019 Affiliated Group Schedule

Name: Yakima Valley Memorial Hospital Association
EIN: 91-0567263
Software ID: 19009610
Software Version: 19.2.1.0

Affiliated Group Business Name:	Yakima Valley Memorial Hospital Association
Address. Either US or Foreign Type:	2811 Tieton Drive Yakima, WA 98902
EIN:	91-0567263
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	48,610
Total Direct Lobbying:	60,000
Total Lobbying Expenditures:	108,610
Other Exempt Purpose Expenditures:	499,682,326
Total Exempt Purpose Expenditures:	499,790,936
Lobbying Nontaxable Amount:	282,950
Grassroots Nontaxable Amount:	70,738
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Virginia Mason Medical Center
Address. Either US or Foreign Type:	1100 Ninth Avenue Seattle, WA 98101
EIN:	91-0565539
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	134,909
Total Direct Lobbying:	63,581
Total Lobbying Expenditures:	198,490
Other Exempt Purpose Expenditures:	1,174,521,398
Total Exempt Purpose Expenditures:	1,174,719,888
Lobbying Nontaxable Amount:	665,053
Grassroots Nontaxable Amount:	166,263
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Virginia Mason Institute
Address. Either US or Foreign Type:	1100 Ninth Avenue Seattle, WA 98101
EIN:	26-3763656
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	6,260,831
Total Exempt Purpose Expenditures:	6,260,831
Lobbying Nontaxable Amount:	3,544
Grassroots Nontaxable Amount:	886
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Virginia Mason Health System
Address. Either US or Foreign Type:	1100 Ninth Avenue Seattle, WA 98101
EIN:	91-1351110
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	14,136,817
Total Exempt Purpose Expenditures:	14,136,817
Lobbying Nontaxable Amount:	8,003
Grassroots Nontaxable Amount:	2,001
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Benaroya Research Institute at Virginia Mason
Address. Either US or Foreign Type:	1201 Ninth Avenue Seattle, WA 98101
EIN:	91-0653422
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	71,446,676
Total Exempt Purpose Expenditures:	71,446,676
Lobbying Nontaxable Amount:	40,449
Grassroots Nontaxable Amount:	10,112
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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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
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

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 ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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		13,867,551		13,867,551
b Buildings		98,964,584	15,132,191	83,832,393
c Leasehold improvements		6,785,018	2,252,390	4,532,628
d Equipment		155,970,336	60,548,677	95,421,659
e Other		3,843,713	1,361,098	2,482,615
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				200,136,846

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) Financial derivatives and other financial products		
(B) Closely-held equity interests		
(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)Other Assets	1
(2)Right of use Asset	31,620,286
(3)Other Investments - 457B Plan	2,595,114
(4)Due from affiliates	426,314
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	34,641,715

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

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

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

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: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital Association

Supplemental Information

Return Reference	Explanation
X 2	U.S. GAAP require management to evaluate tax positions taken by Memorial and recognize a t ax liability or asset if Memorial has taken an uncertain position that is more likely than not would not be sustained upon examination by the Internal Revenue Service. Management h as analyzed tax positions taken by Memorial and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would requi re recognition of a liability or asset or disclosure in the consolidated financial stateme nts. Memorial is subject to routine audits by taxing jurisdictions however, there are curr ently no audits for any tax periods in progress. Memorials management believes it is no lo nger subject to income tax examinations for years prior to 2014.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

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 _____ %	3a	Yes	
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 _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	16,195		6,516,288		6,516,288	1.300 %
b Medicaid (from Worksheet 3, column a)	193,416		117,969,696	83,734,118	34,235,578	6.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	209,611		124,485,984	83,734,118	40,751,866	8.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	7	16,589	2,585,568	578,225	2,007,343	0.400 %
f Health professions education (from Worksheet 5)	6	658	9,399,545	1,491,899	7,907,646	1.580 %
g Subsidized health services (from Worksheet 6)	3	2,444	12,703,643	10,120,955	2,582,688	0.520 %
h Research (from Worksheet 7)	1	139	429,613		429,613	0.090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	1,024	288,275		288,275	0.060 %
j **Total.** Other Benefits	20	20,854	25,406,644	12,191,079	13,215,565	2.650 %
k **Total.** Add lines 7d and 7j	209,631	20,854	149,892,628	95,925,197	53,967,431	10.800 %

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	1		188,480		188,480	0.040 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		126,441		126,441	0.030 %
8 Workforce development	1	16	55,514		55,514	0.010 %
9 Other						
10 Total	3	16	370,435		370,435	0.080 %

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	9,459,605		
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	121,418,114		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	117,023,262		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	4,394,852		
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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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		No
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): yakimamemorial.org/about-us-community-benefits.asp			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): yakimamemorial.org/about-us-community-benefits.asp			
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)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000100.000000000000 % and FPG family income limit for eligibility for discounted care of 0000000300.000000000000 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): yakimamemorial.org			
b	☑ The FAP application form was widely available on a website (list url): yakimamemorial.org			
c	☑ A plain language summary of the FAP was widely available on a website (list url): yakimamemorial.org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

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)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **33**

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 6a	Washington State does not require that non-profit hospitals prepare a community benefit report or make it available to the public. Memorial did not prepare and publish its 2019 Community Benefit report.
Part I Line 7	The hospital used ratio of patient care cost to charges methodology to calculate the amount reported in the table derived from worksheets 1 and 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II	Economic Development opportunities are provided through Community Building Donations which consist of donations made to community organizations to promote economic development in the Yakima Valley including donations made to Yakima County Development Association to support new small business ventures in the Yakima Valley and support of the new YMCA facility in Yakima. Youthworks is a youth empowerment and community service initiative engaging youth directly through mentoring, volunteering and philanthropy, while promoting community health improvement advocacy. Non-Health Profession Education facilitates workforce development by providing on the job training for students in non-clinical fields at various departments across the hospital. These include Business Services Billing and Coding, Human Resources, and Information Technology.
Part III Line 2	Memorial used ratio of patient care cost to charges methodology to calculate the amount on line 2. Our financial statements include a footnote regarding uncollectible accounts which are reported as an offset to patient revenue.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 4	Memorial used ratio of patient care cost to charges methodology to calculate the amount on line 2.
Part III Line 8	To the extent that costs using the Medicare cost report exceed charges, this shortfall should be regarded as community benefit because we treat and maintain the health of our large local Medicare population despite the necessary subsidization of these health benefits. Memorial used ratio of patient care cost to charges methodology to calculate the amount on line 6. Our financial statements include a footnote regarding uncollectible accounts which are reported as an offset to patient revenue.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 9b	During the admittance process at Memorial, all patients are provided with the hospitals financial assistance and charity care information. Eligibility for assistance is determined upon admission to the hospital, and eligible patients are not billed for services.
Part VI Line 2	Memorial conducts a Community Health Needs Assessment every three years, the two most recent reports can be found at www.yakimamemorial.org/about-us-community-benefits.asp. In addition, the hospital routinely looks at health care indicators from county health rankings, US Census, healthy youth survey, Washington State Department of Health and other sources to assist with program planning and development of community benefit programs. Internal data is also analyzed for development and quality improvement of Community Benefit Health Programs. The current Community Health Needs Assessment was adopted by the Memorial Board of Directors on October 15, 2019 and is publicly available.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 3	Memorial 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 Memorials charity care policy at various points beginning with scheduling and continuing through the patient billing process. The following language, or a close variation, is included in our guide to patient services, Understanding Your Hospital Bill brochure, public signage at the main and Emergency Department entrances, as well as on our patient statements Yakima Valley Memorial Hospital provides charity care in accordance with RCW 70.170.060. Applying for medical assistance with DSHS is a prerequisite to a charity care determination of eligibility. Please contact Patient Accounts if you would like to apply for charity or have questions regarding Memorials Charity Care Program. And/or The Hospital is able to provide free or discounted care for all or part of your hospital bills if you qualify, based on your income. Please request a charity care application, fill it out completely, and promptly return it to Business Services. We also contract with Cardon Outreach to screen all self-pay and contract care patients for Medicaid eligibility and assist them with completing all of the prerequisite paperwork, etc. If a patient is not eligible for assistance and cannot pay, Cardon provides the patient with a Charity Care application.
Part VI Line 4	Yakima county is composed of primarily rural communities 14 cities and towns in Central Washington, spanning 4,296 square miles. Total current population for Yakima County as of July 1, 2017 is 251,193. The population density for this area, estimated at 58.2 persons per square mile, is less than the national average population density of 92 persons per square mile. The Primary Service Area PSA of Yakima Valley Memorial Hospital is comprised of Yakima County. Secondary Service Areas SSA for highly specialized programs and services e.g. Childrens Village stretches into neighboring counties including Kittitas and Klickitat. Located within Yakima County is the Yakama Nation Reservation which is over 1 million acres and reaches across the Cascades. Yakima County consists of 50.1 male and 49.9 female population. Nearly half 48.6 of the population is married, while 32.6 report never being married and the remaining 18.8 consists of residents who are married but separated 23.6, divorced 10.7 or widowed 5.5. Yakima County is home to approximately 10,000 migrant and seasonal farmworkers and their dependents. The percentage of the population living in urban areas is 76.5 compared with 24 living in rural areas, which is a higher proportion of rural population than both National and Washington State averages - 81 vs 19 and 84 vs 16, respectively. Yakima County consists of a 66.6 Medicare/Medicaid payer mix 16.7 Medicare and 49.9 Medicaid. According to the Washington State Department of Social and Health Services 42.4 of the population is receiving economical services assistance, primarily for child support services, childcare, and basic food programs. Our community is comprised of 48.4 persons of Hispanic or Latino Origin and 44.3 of persons of White Non-Hispanic or Latino Origin, and 3.6 American Indian and Alaska Native. 19 of persons living below poverty level, 7.5 are unemployed and 15.9 have no health insurance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	Memorial is committed to leading, facilitating, partnering and promoting the health of Central Washington. The promotion of community health is accomplished through collaborations, research based education and interventions focused on disparity gaps and social determinants of health. Surplus funding is used to provide oversight, program planning and evaluation as well as direct care to children with special health care needs through Childrens Village, and promotion of well-being through evidence based community health programming. This includes chronic health issues and other risk factors that contribute to poor health outcomes. Memorial has a dedicated staff, contractors and FTE positions to accomplish the development, planning and interventions to address community needs. Memorial budgets surplus funds to allow continuing support of education through partnerships with Pacific Northwest University, Central Washington Family Practice Residency, obstetrical education and ensuring Memorial has the staff to support our communities education needs. Funds are also used to ensure that we have the facilities and equipment to meet the greatest needs of the community examples include Healthy Now Clinics, expanding the inpatient psychiatric department and Cottage in the Meadow for end of life care. To meet the access needs of the community Memorial extends medical staff privileges to all qualified physicians within the community who apply to its medical staff, and allied health staff and who meet qualifications set forth in the Medical Staffs Bylaws, Rules and Regulations, policies and specific departmental privileging documents. For the most critical shortages, particularly within specialty areas Memorial extends the privileges to physicians outside of the community to meet the need.
Part VI Line 5	continued The majority of Memorials governing body consists of persons who reside within the primary service area of the hospital Yakima County no members of the governing body are considered employees or independent contractors, nor do they have family members thereof.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital 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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Yakima Valley Memorial Hospital Association 2811 Tieton Drive Yakima, WA 98902 yakimamemorial.org 58	X	X		X			X			A

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

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

Form and Line Reference	Explanation
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 3j	Memorials 2019 Community Health Needs Assessment was adopted by the Board of Directors on October 15, 2019. The report was made public on the website and printed copies are available at the hospital upon request. The areas of assessment in the 2019 report are demographics social and economic determinants of health including - education, health literacy, unemployment, income poverty, children eligible for free school lunch, food insecurity, housing and transportation affordability, households without a car, disability status, homelessness, safety, crime and violence clinical care including - access to health services, uninsured population, cost barriers to care, clinical preventive services health outcomes including - chronic disease profile, mortality, quality of life leading health indicators including - health behaviors, maternal, infant and child health, reproductive sexual health, mental health, injury and hospitalization physical environment including - air pollution, food environment index, access to locations for physical activity, transportation, drinking water, severe housing problems, toxic chemicals. Additional assessments are conducted on an ongoing basis to track needs. Data sources used are internal, US Census, BRFSS, Health Youth Survey, Department of Health, Cancer Registry and many other public data sources. Disparity gaps were identified when comparing the State of Washington to Yakima County. Furthermore, when data was available, indicators were stratified by age, sex and race ethnicity in order to identify disparities in health outcomes. Memorials actions and progress in addressing the priority areas identified in the previous Community Health Needs Assessment 2016 are identified in the 2019 Community Health Needs Assessment in the 2017-2019 priority area update section.

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 5	Input for development of the Community Health Needs Assessment was solicited through an online tool. The internal advisory committee selected the top nine areas of greatest need and through the survey community organizations could provide input on the CHNA. The nine areas of greatest need were access to care health equity - disparities in health care, prevention and outcomes chronic disease prevention and screenings mental health health behaviors - physical inactivity and nutrition adverse childhood experiences homelessness infant mortality and sexually transmitted infections. The survey asked respondents to compare each of the nine priority areas to each other by placing them in order of importance to both them as a community member, as well as to the organization they represent the average ranking was calculated for each answer choice to select the top three priority areas that were of greatest importance to the community we serve. The top three areas were 1 Access to care, final ranked score of 7.46 2 Health Equity, final ranked score of 6.03 and 3 chronic disease prevention and screenings, final ranked score of 5.96. We did not limit responses but sent out the request to take the survey to as many partners in the community as possible and also asked that they forward on to any other partners they felt should be involved. We allowed three weeks for responses. Feedback was received from over 60 organizations spanning different sectors including state, local and tribal health departments health care providers, including specialty services such as mental health community-based organizations, coalitions, and groups representing members of the under-served, low-income and minority populations in the community churches and faith-based organizations businesses the school district community colleges and universities local government and individual health experts within the community. A full list of partners is included in the Community Health Needs Assessment can be found on Memorials website www.yakimamemorial.org/about-us-community-benefits.asp. The top three priority areas chosen by the community were assigned as primary and secondary priority areas based on hospital resources and ability to address the area of need. Some additional areas of need out of the top nine that did not make the top three were also selected as tertiary priority areas, Memorial committing to focus on these areas by partnering with others in the community working on those issues where possible and providing funding to support those needs when available.

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 7d	In addition to being made publicly available on the website, the 2019 Community Health Needs Assessment was shared widely by email and made public through a number of presentations to community-based organizations, coalitions and groups.

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 11	Memorial has outlined in the Virginia Mason Memorial Implementation Plan 2020-2022 how the hospital is addressing the significant needs identified in the 2019 Community Health Need s Assessment. The implementation plan is a multi-year guide to improving the health status of our community and targets the prioritized areas and gaps in health needs that have bee n identified. Through the following four-stage approach we will make progress toward impro ved health and transforming Yakima Plan - Identify priorities for services and community h ealth improvement processes Partner - Identify those who can work together to best meet co mmunity needs Do - Design programs and approaches to improve access to high quality health care services Improve - Improve the health outcomes of Yakima County. As a result of the 2019 Community Health Needs Assessment, health priorities were selected and using our four -stage approach we have developed a step-by-step action plan outlined in the implementatio n plan to address the three priorities and positively influence the health and well-being of the community. The Virginia Mason Memorial Implementation Plan outlines both internal a nd community-wide objectives and strategies under each of the priority areas as well as sp ecific measurements and targets that will be used to evaluate our progress. The Virginia M ason Memorial Implementation Plan 2020-2022 was adopted by the Memorial Board of Directors on May 30, 2020. Memorial identified three priority areas in the 2019 Community Health Ne eds Assessment. All three priorities identified in the 2019 Community Health Needs Assessm ent are being addressed. These priority areas are Access to Care Health Equity, and Mental Health. Access to Care Memorial facilitates the education of patients, employees and comm unity members on accessing Washington State Health Benefits Exchange. We are working with partners as part of the Greater Columbia Accountable Community of Health to explore develo pment of a regional health improvement collaborative and strategy. We have instituted a nu mber of internal initiatives to improve access to primary care and specialty clinics, as w ell as reduce wait time. In addition, we provide finnancial support and partner with Union Gospel Mission Medical Care Center Free clinic, which is focused on providing access to p rimary care, lab, imaging and specialty services for uninsured/underinsured population. We partner with, and financially support local community colleges and health profession educ ation programs. Memorial mentors and trains on site local health professionals from colleg e programs across the county and state. This allows students to practice in their respecti ve field of study as required to complete their degree and sit for associated exams. After training and completion of course work each health professional is ready for the workforc e and to fill much needed vacancies within the community. Memorial also provides a number of opportunities for continuin

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 11	g medical education programming each year to serve medical professionals across the commun ity, allowing them to renew licenses and continue to practice in Yakima County. Memorial h as established community education and prevention programs for the top four disease states identified in the Community Health Needs Assessment. They are Cardiovascular Disease, Can cer, Diabetes and Obesity. These community education and prevention classes are all offere d in both Spanish and English and include diabetes prevention education, Act Get Up, Get M oving Childhood Obesity Program, cooking and exercise classes. Memorials Community Health Department puts on a number of community outreach screening and education events yearly in 2019, 10,536 community members participated in these events and programs. Lastly, we real ize that many uninsured and underinsured populations experience greater access issues, and have developed a strategy focused on care coordination post emergency department visits. Health Equity Memorial is working on strategies to improve the collection of demographic d ata e.g. race, ethnicity and preferred language. We developed an equity training pathway p lan, which includes cultural humility training and working with special population, in add ition to board of director and executive leadership racial equity training. We have taken the American Hospital Associations Health Equity Pledge with the goal of discovering and p rioritizing meaningful differences in care, outcomes, and experience accross patient group s, and develop strategies to eliminate health disparities. Systems level work include havi ng video remote interpretation units in every clinic and floor in the hospital to assure a ccess to qualified interpreters all staff that provide interpretation or communicate with a patient in another language are assessed for their language proficiency intentional work around building governance, leadership and workforce that reflects the community we serve is being evaluated by way of a workforce parity report and we are leveraging community pa rtners for greater collective impact. Mental Health Memorial has established intervention strategies to promote mental well-being and prevent mental health disorders. Nurse Family Partnerships NFP is an evidence-based nurse home visitation program that enrolls first-tim e low-income mothers early in their pregnancy and follows them throughout their childs sec ond birthday. NFP has been expanded to the Yakama Nation in collaboration with Ttawaxt, a multi-agency collaborative effort led by Indian Health Services on the Yakama Reservation, of which Memorial is a partner in, to investigate and reduce infant mortality and promote healthy families within tribal communities. The goal of NFP is to improve child health an d development by helping parents provide responsible and competent care for their children . NFP builds on parents self-efficacy and strong emotional and physical attachment to thei r babies. Furthermore, familie

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 11	s economic self-sufficiency is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. Maternal Child He alth is a perinatal Mental Health support for women experiencing postpartum anxiety and de pression, that teaches protective factors to prevent adverse childhood experiences ACEs, a nd builds awareness of community resources. Holistic Mental Health Counseling support and therapeutic interventions to patients, families and caregivers is a program provided durin g crisis, trauma, and end-of-life. Acute care psychiatric services provide complex medical care for psychiatric disorders, and improved community access, incorporating evidence bas ed physical fitness treatment in an acute care setting. The remaining top areas of greates t need were not selected because others in the community are addressing and due to financi al constraints.

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
Group Yakima Valley Memorial Hospital Association Line Part V, Section B, Line 11	The Virginia Mason Memorial Implementation Plan 2020-2022 can be found on our website www.yakimamemorial.org/about-us-community-benefits.asp.

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

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

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

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

	Name and address	Type of Facility (describe)
1	North Star Lodge 808 N 39th Avenue Yakima, WA 98902	Cancer Treatment facility
1	Valley Imaging 314 S 11th Avenue Yakima, WA 98902	Radiology
2	Orthopedics Northwest 1211 N 16th Ave Yakima, WA 98902	Outpatient Physician Clinic
3	Yakima Heart Center at Memorial Trust 406 S 30th Avenue Suite 101 Yakima, WA 98902	Outpatient Physician Clinic
4	Yakima Valley Home Health 302 S 10th Avenue Yakima, WA 98902	Home Health and Hospice
5	Physicians Anesthesia 406 S 30th Ave Ste 202 Yakima, WA 98902	Outpatient Physician Clinic
6	Pain Center - Water's Edge 1460 N 16th Avenue Suite D Yakima, WA 98902	Outpatient Physician Clinic
7	Yakima Urology Associates at Memorial Trust 2500 Racquet Lane Yakima, WA 98902	Outpatient Physician Clinic
8	Ridgeview Surgery 2500 Racquet Lane Ste 150 Yakima, WA 98902	Outpatient Surgery Center
9	Ohana 1515 W Yakima Avenue Yakima, WA 98902	Mammography
10	Memorial Cornerstone Medicine 4003 Creekside Loop Yakima, WA 98908	Outpatient Physician Clinic
11	Memorial Sleep Specialists 406 S 30th Avenue Suite 206 Yakima, WA 98902	Outpatient Physician Clinic
12	Yakima Gastroenterology Associates 3909 Creekside Loop Suite 120 Yakima, WA 98908	Outpatient Physician Clinic
13	Memorial Physicians Lab 4003 Creekside Loop Yakima, WA 98908	Medical Laboratory
14	Generations OBGYN 3003 Tieton Drive Ste 230 Yakima, WA 98902	Outpatient Physician Clinic

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

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

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

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

	Name and address	Type of Facility (describe)
16	Yakima Ear Nose and Throat 1601 Creekside Loop Yakima, WA 98902	Outpatient Physician Clinic
1	Lakeview Spine 1470 N 16th Avenue Yakima, WA 98902	Therapy
2	YGA Ambulatory Surgery 3909 Creekside Loop Suite 120 Yakima, WA 98908	Outpatient Physician Clinic
3	Family Medicine of Yakima 504 N 40th Avenue Yakima, WA 98908	Outpatient Physician Clinic
4	Pacific Crest Family Medicine 311 S 72nd Avenue Yakima, WA 98908	Outpatient Physician Clinic
5	Apple Valley Family Medicine 1008 S 38th Avenue Yakima, WA 98902	Outpatient Physician Clinic
6	Cascade Surgical Partners 3003 Tieton Drive Ste 300 Yakima, WA 98902	Outpatient Physician Clinic
7	Selah Family Medicine 620 N Park Drive Selah, WA 98942	Outpatient Physician Clinic
8	Pulmonology 303 Holton Ave Ste 1 Yakima, WA 98902	Outpatient Physician Clinic
9	Yakima Vascular Associates 1607 Creekside Loop Suite 100 Yakima, WA 98902	Outpatient Physician Clinic
10	Healthy Now West Valley 120 S 72nd Ave Suite 102 Yakima, WA 98908	Urgent Care
11	Healthy Now - 40th 3909 Creekside Loop Suite 130 Yakima, WA 98902	Urgent Care
12	Yakima Podiatry Associates 1607 Creekside Loop Suite 140 Yakima, WA 98902	Nursing Home
13	YGA Histology 3909 Creekside Loop Suite 120 Yakima, WA 98908	Outpatient Physician Clinic
14	Zillah Family Medicine 616 Railroad Avenue Suite 12 Zillah, WA 98953	Outpatient Physician Clinic

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

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

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

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

	Name and address	Type of Facility (describe)
31	Yakima Endocrinology Associates 1470 N 16th Avenue Yakima, WA 98902	Outpatient Physician Clinic
1	Memorial Outpatient Psych 1460 N 16th Avenue Suite C Yakima, WA 98902	Outpatient Physician Clinic
2	Healthy Now Terrace Heights 3904 Terrace Heights Drive Yakima, WA 98901	Urgent Care

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

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

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	Memorial supports programs or activities that demonstrate a community benefit, are consistent with the objectives of the hospitals Community Health Needs Assessment, support the values of the hospital and improve health in and around Yakima County. Memorial tracks all community benefit/community investment activities. Memorial requires all recipients of community investment dollars to report the impact made by the funding. This is specifically stipulated in a letter that accompanies any Memorial monies which requests that recipients provide information on how the award was used and the specific outcomes they were able to address or impact as a result of the funding. Receipients are asked to supply that information to Memorials Community Health division. The Community Health team follows up regularly on those requests and keeps documented records of receipt.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital Association

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yakima Chamber Foundation PO Box 1490 Yakima, WA 98907	91-1692873	501 C 3	7,500				General Support
Yakima County Development New Vision PO Box 1387 Yakima, WA 98907	91-1284283	501 C 6	30,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Prime Time Inc 6 South 2nd Street Ste 815 Yakima, WA 98901	91-1348128	501 C 3	8,000				General Support
City of Union Gap Sun Camp UG Youth Foundation PO Box 3245 Union Gap, WA 98903	91-1727983	501 C 3	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yakima Family YMCA 5 North Naches Ave Yakima, WA 98901	91-0568717	501 C 3	125,000				General Support
Rod's House PO Box 2283 Yakima, WA 98901	36-4659738	501 C 3	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wellness House 210 South 11th Ave Ste 40 Yakima, WA 98902	91-1418100	501 C 3	10,000				General Support
Union Gospel Mission 1300 N First Street Yakima, WA 98901	23-7050061	501 C 3	93,750				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yakima Greenway Foundation 111 S 18th St Yakima, WA 98901	91-1110737	501 C 3	10,000				General Support
La Casa Hogar 106 South 6th Street Yakima, WA 98901	94-3070007	501 C 3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sunrise Outreach Center of Yakima 221 East Martin Luther King BLVD Yakima, WA 98901	27-1028426	501 C 3	10,000				General Support
The Virginia Mason Memorial Downtown Yakima Mile 2612 W Nob Hill Blvd 101-148 Yakima, WA 98902			25,000				General Support

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ 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**		
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**		
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		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**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 4a	Russell Meyers received a salary continuation plan payment of 1,092,735.
Part I Line 4b	In July 2002, Memorials Board of Directors adopted a salary continuation plan the Plan, in the form of a non-qualified retirement benefit for senior executives. The retirement benefit provided by the plan is supplementary to Memorials employee pension plan, tax-deferred annuity retirement plan, 401k plan and social security retirement earnings. Benefits are calculated as the difference between the projected age 65 value of the aforementioned benefits and 75 of the lump sum at age 65. No benefits under the plan are generally available for a senior executive who retires prior to his/her 65th birthday. Funding for the plan began in 2002, and Memorial first began accruing a liability for the plan during the fiscal year ending October 31, 2005. Memorials liability accrual is based on the assumption that one executive will be working until age 65.
Part I Line 4b	Diane Patterson accrued benefits of 0 in the Plan
Part I Line 7	Variable compensation amounts are calculated based off of the results of the strategic scorecard as well as the employees individual evaluation. This is then multiplied by the employees gross earnings for the previous year. This is approved by the Virginia Mason Health System Compensation and Benefits Committee, and documented in its minutes.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0567263
Name: Yakima Valley Memorial Hospital 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				
1Russell Myers President/CEO	(i)	514,918		1,101,689	45,604	22,592	1,684,803	
	(ii)							
1Tim Reed Vice President/CFO	(i)	295,550		2,008	38,285	26,753	362,596	
	(ii)							
2Diane Patterson Vice President/CCO	(i)	266,904		3,532	43,300	27,922	341,658	
	(ii)							
3Matthew Kollman MP/COO	(i)	204,809		1,896	24,738	24,071	255,514	
	(ii)							
4Vu Le Physician - MP	(i)	416,901	629,807	900	38,544	25,006	1,111,158	
	(ii)							
5Robert Conroy Physician - MP	(i)	515,393		1,974	45,400	22,467	585,234	
	(ii)							
6Christopher Tan Physician - MP	(i)	423,092	327,507	971	34,062		785,632	
	(ii)							
7Tekchand Tanwani Physician - MP	(i)	467,146	84,707	1,209	41,450	28,220	622,732	
	(ii)							
8Kevin Harrington Physician - MP	(i)	562,495	85,312	1,815	42,040	9,930	701,592	
	(ii)							
9Scott Lancaster DO MP/CEO, Former Key Employee	(i)	282,386	22,140	103,156	39,002	28,051	474,735	
	(ii)							
10Jolene Seda Vice President, People Culture, Former Key Employee	(i)	222,426		2,571	37,351	28,050	290,398	
	(ii)							
11Shawnie Haas ACO/CEO, Former Key Employee	(i)	193,279		6,700	35,362	26,752	262,093	
	(ii)							
12William M Brueggman Vice President/CMO	(i)	510,688		3,202	34,802	28,063	576,755	
	(ii)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

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	91-1108909	93870HGN0	08-17-2012	38,005,000	See Part VI		X		X		X
B	Washington Health Care Facilities Authority	91-1108929	93978HRJ6	11-10-2016	34,208,306	Building and equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,160,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	38,011,438	34,418,528		
4	Gross proceeds in reserve funds	2,250,228	2,523,313		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	687,697	678,328		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		31,216,887		
11	Other spent proceeds	37,323,741			
12	Other unspent proceeds				
13	Year of substantial completion	2005	2019		

		A		B		C		D	
		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			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			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
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		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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		X					

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

Return Reference	Explanation
Part I Line A, Column F	Refund prior bonds 03/14/1996 and 11/13/2002

Return Reference	Explanation
Part II Line 3	The total proceeds do not agree to the issue price in Part I, Column E due to investment earnings/market value fluctuations. The total proceeds do not equal the summation of lines 4 - 12 due to transferred or replacement proceeds in Line 4.

Return Reference	Explanation
Part IV Line 2c Column A	Issuer Name Washington Health Care Facilities Authority. Date the Rebate Computation was performed 07/31/2017.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Juan Jimenez	Family member of Maribel Kimenez	90,832	Employment		No
(2) Jorge Garcia	Family member of Cynthia Juarez	86,657	Employment		No
(3) Brean Garcia	Family member of Cynthia Juarez	56,595	Employment		No
(4) M G Wagner Co Inc	Entity more than 35 ownership	4,346	Provision of roofing services to the Hospital		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	The hospital does this by upholding the values of respect, accountability, teamwork, stewardship and innovation. By helping patients achieve health, we also create healthy communities. VMM has a multispecialty team of more than 300 physicians, offering primary and specialty care, convenience care clinics, as well as operating one of the regions busiest emergency departments. Our network of clinics surrounds the Yakima Valley, and extends northwest into Ellensburg and southeast to Sunnyside. Virginia Mason Memorial also operates Cottage in the Meadow, a 24-hour, 20-bed inpatient hospice facility which serves the entire Yakima Valley. We also collaborate to operate Childrens Village, a clinic that serves children with special and developmental healthcare needs and their families, and Garden Village, a skilled nursing facility, providing the highest level of comfort-driven, quality care to those with complex and long-term medical and psychiatric needs. Virginia Mason Memorial funds the Central Washington Family Medicine Residency Program CWFMR, a 30 resident family medicine residency program, in addition to offering training programs for nursing, pharmacy, respiratory therapy, physical therapy, and laboratory technology.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	VMMs Oncology programs delivered charity care services 954 times in 2019. Childrens Village, based in Yakima, is a clinic that provides healthcare services for children with special needs. The facility also houses the Nurse Family Partnership, a program that provides specially trained nurses to help first-time mothers during pregnancy and until the childs second birthday. These programs provided the charity care and unreimbursed Medical services. Maternal Health Services provides community-based programs and services focused on providing preventative health and education for families throughout Central Washington. VMMs pain management clinic saw 222 patient encounters which fell under VMMs charity care criteria. Memorials Ohana clinic provides breast health education, screening and diagnostic mammography, and breast care coordination for women in the Yakima Valley. Charity care funded 687 encounters with Ohana providers in 2019. VMM provided 623 patient encounters with charity care in outpatient surgery in 2019. Virginia Mason Memorials Wound Management Services combines traditional practices and medicines for wound healing with technology, such as hyperbaric oxygen therapy. These services are offered to patients who have undergone 30 days of conventional wound treatment without significant improvement. In 2019, 129 of those encounters were performed under charity care assistance. With one of the busiest emergency departments in the State of Washington, our providers are trained in emergency medicine and treated 87,038 patients a year regardless of age, culture, employment, ethnicity, expression, gender identity, language, national origin, participation in programs, physical or mental disability, race, color, religion, services and activities, sex, sexual orientation, socioeconomic status, or financial status. The Emergency Department provides for patients emergent needs and, all patients presenting to the Emergency Department are examined by a trained provider. VMMs emergency department experienced 6,504 patient encounters with charity care recipients in 2019, for a total of 8,748,280. Virginia Mason Memorial served 6,559 charity care patients with additional outpatient services. These services include cardiac rehab, education, infusion care, laboratory, physicians offices, outpatient procedures, pre-procedure testing, sleep studies, therapy, x-ray and imaging, and cardiovascular care provided by the Yakima Heart Center.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	In 2019, VMMs OB/GYN department provided charity care to patients for pre-delivery testing and obstetric emergency care. VMMs Inpatient Psychiatric Services treats adult patients for a broad spectrum of mental health concerns including depression, anxiety, adjustment disorders, ADD/ADHD, and major psychiatric illness. Inpatient psychiatric services also offers psychiatric evaluation and medication management, in addition to treatment of underlying medical conditions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Virginia Mason Memorial provides community health education, support, and services to resi dents of Yakima County. These programs align with initiatives and disparities outlined wit hin our published Community Health Needs Assessment. Community Health programs served 10,2 07 residents in 2019 and equated to 322,155 in community investment donations. Virginia Ma son Memorial partnered with the local YMCA to deliver Actively Changing Together, a childh ood obesity program that assisted 126 families. VMMs chronic disease self-management progr am served 82 chronically ill members of the Yakima community. Diabetes prevention and diab etes wellness programs were also offered to 857 community members during the year. In addi tion to campaigns targeting obesity and diabetes, VMM saw 2,300 attendees at their Fiesta de Salud health fair, and in partnership with Kohls department store, VMM created access t o free Zumba and yoga classes for 6,842 adults and children as part of an annual Healthy f or Life campaign. In additon to supporting community health initiatives, VMM also supports community investment by making several contributions to not-for-profit causes throughout Yakima County. The Yakima Greenway is a community green space comprised of 20 miles of pav ed pathway, parks, ponds, picnic areas, playgrounds, and river access. Memorial donated 10 ,000 to program development and trail support at the Greenway. Kiwanis Club of Yakima rece ived a 12,000 donation to initiate a Free Bikes 4 Kidz program, where volunteers collect a nd restore used bicycles and donate them to children in need. This program also supports b icycle riding, a healthy activity. The Hispanic Chamber of Commerce received 1,000 for Cin co de Mayo scholarships for Latino students. Yakima Union Gospel Mission medical clinic wa s the recipient of 120,000 for clinic support. The mission serves nearly 14,000 patients f ree of charge every year, helping to stem overutilization of emergency department resource s and helping to provide additional primary care access to the underserved. Childrens Wish es Dreams is a non-profit providing wishes dreams to terminally ill children in the Yakima area. In 2019, VMM donated 5,000 to the organization for a wish requiring medical supplie s. Another beneficiary of our commitment to the community is Camp Prime Time. This organiz ation received 5,000 for support of their outdoor camps for kids with disabilities. The Gr eater Yakima chamber of Commerce received 15,000 for support of Leadership Yakima, a progr am meant to strengthen and educate community leaders by providing participants with in-dep t insights into a variety of issues impacting residents of the Yakima Valley. The Second H arvest Food Bank backpack program at Harrah Elementary received 4,500 for their program su pporting kids who receive free or reduced lunches, by providing them with a backpack full of food on Friday to support them through the weekend. 5,000 was donated to Safe Yakima Va lley in support of the Strengt

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	hening Families program, which focuses on building resiliency skills throughout the commun ity. The Union Gap Youth Foundations Sun Camp benefitted from a 5,000 donation. The camp a ims to prevent substance use and violence. Wellness House, an organization supporting the families of those with cancer or other life-altering illnesses in the Yakima area, receive d 10,000 for program support. 3,572 was given to Washington State University in the form o f a nursing scholarship. The Sozo Sports complex received a 1,500 donation from VMM in sup port of athletic programs for children who lack sufficient funds to participate. The Yakim a County Development Association/New Vision received 10,000 for community development init iatives. Lastly, the Yakima Family YMCA is in the process of constructing a new aquatic fa cility that will help at-risk kids and Virginia Mason Memorial was able to contribute 114, 584 toward construction and the development of rehabilitation services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1a	The governing body delegates to an Executive Committee comprised of the Chairman, Vice Chairman, Secretary and Treasurer the authority of the Board of Directors in the management of the corporation to act only in time sensitive or emergency situations as determined by the Executive Committee, such authority to be exercised in time periods between regularly scheduled meetings of the Board of Directors. All members of the Executive Committee are members of the governing body of the corporation. The Executive Committee does not have the authority to amend, alter or repeal the Bylaws, elect, appoint or remove any member of the Executive Committee or any director or officer of the corporation amend the articles of incorporation adopt a plan of merger or adopt a plan of consolidation with another corporation authorize the sale, lease or exchange of all or substantially all of the property and assets of the corporation not in the ordinary course of business authorize the voluntary dissolution of the corporation or revoke proceedings therefore adopt a plan for the distribution of the assets of the corporation amend, alter or repeal any resolution of the Board which by its terms provides that it shall not be amended, alter or repealed by the Executive Committee or terminate the Chief Executive Officer. The Executive Committee also periodically evaluates the effectiveness of Memorials systems for resolving internal conflicts. The Board also delegates to the Executive Committee the authority of the Board to make all appointments and reappointments to the Medical Staff of the hospital.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6, 7	Virginia Mason Health System VMHS is the sole corporate member of Memorial. VMHS as the sole member has the following approval rights 1 Election and approval of Directors and Officers of the Board of Directors 2 approval of the appointment of the Chief Executive Officer 3 Removal of Directors and Officers of the Board of Directors 4 approval of all long-range plans proposed by the Board of Directors 5 Approval of the annual capital and operating budgets proposed by the Board of Directors 6 Approval of the borrowing of funds where the amount is in excess of Ten Million Dollars 7 Approval of the sale, lease, exchange, mortgage, pledge or disposal of all or substantially all of the property and assets 8 Approval of all amendments to the Articles of Incorporation or Bylaws and all other rights and powers as specified in the Washington Nonprofit Corporation Act.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The VMHS Audit and Compliance Committee ACC, a committee composed of independent community members has been delegated responsibility for oversight of the annual Form 990 preparation process including 1 selection, engagement, and performance of an independent tax preparer 2 review of the annual draft Form 990 and 990-T tax returns, and 3 recommending the final Form 990 and 990-T tax returns for review to the Memorial Board of Directors. Annually, at the September meeting, management and the tax preparer provides the ACC with an initial draft of the Form 990 and present an overview of the Form 990 preparation process. The final draft Form 990 is reviewed by the ACC followed by a Board review of the final Form 990 prior to filing. The final Form 990 and 990-T tax returns are provided to each member of the Memorial Board of Directors via electronic delivery.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The VMHS Governance Committee has accountability for oversight of the process for disclosure, evaluation and management of conflicts of interest involving any member of the Board, executive leadership or key employees Covered Person. Pursuant to the Conflicts of Interest Policy, an annual conflict of interest questionnaire is distributed to all Covered Persons. In addition, a Covered Person has an on-going duty to disclose the existence of a conflict of interest at any time an actual or potential conflict arises. Each Covered Person is required upon appointment and annually thereafter to attest to a statement that affirms that such person has 1 received a copy of the Conflicts of Interest Policy 2 has read and understands the Policy 3 has agreed to comply with the Policy and 4 understands that Memorial is a charitable organization and that in order to maintain its federal tax exemption must engage primarily in activities that accomplish its tax-exempt purposes. Written disclosures are reviewed by the Governance Committee to determine if an actual or potential conflict of interest exists and if so, how it should be managed. The Covered Person is informed in writing regarding the determination the Conflict of Interest Management Plan. No Covered Person with an actual or potential conflict of interest shall engage in an activity on Memorials behalf related to the disclosed actual or potential Conflict of Interest unless such activity is permitted by the Conflict of Interest Management Plan or until the Covered Person has undertaken all steps set forth in the Management Plan to manage, reduce or eliminate the conflict. All Covered Persons have a duty to disclose the existence of any actual or potential conflict of interest with respect to meeting agenda items. The Conflicts of Interest Policy requires that copies of the Conflict of Interest Questionnaire be completed annually by each Covered Person and any Conflict of Interest Management Plan be maintained. In addition, the minutes of the board and all committees with board-delegated powers shall document the disclosure and resolution of any actual or potential conflict of interest disclosed at such meeting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The VMHS Compensation and Benefits Board Committee, a committee composed solely of independent directors none of whom have a conflict of interest, is accountable for setting reasonable total compensation packages for each Memorial executive, including the CEO, officers and key employees Executives consistent with Virginia Masons philosophy and principles. The Board develops and approves annual goals and performance criteria which are used in determining merit increases and variable compensation opportunities for the Memorial Executives. The Committee assesses performance against these goals. The Committee selects and engages a qualified independent compensation consultant to review and analyze the total compensation and benefits packages to the Executives. The Committee as part of its analysis obtains from the compensation consultant appropriate comparability data including total compensation paid by similarly situated for-profit and non-profit health care organizations for positions that are functionally comparable to each of the Executives. With respect to those Executives below the level of Chair/Chief Executive Officer, the Committee requests that the Chair/Chief Executive Officer work with the compensation consultant to formulate a compensation recommendation for each such Executive, consistent with Virginia Masons compensation philosophy and principles. Consistent with Virginia Masons compensation philosophy and principles, the Committee approves total compensation packages for each of the Executives based on information presented to the Committee, reasonableness and the best interests of Memorial. The Committees decisions regarding compensation for each Executive are documented in written resolutions and minutes of the Committee. The Committee promptly reports its action to the Board whose reports are reflected in the Boards minutes. The Executives that were reviewed in 2019 were Chief Executive Officer, Vice Presidents, Chief Clinical Officer, Chief Financial Officer, and Chief Medical Officer.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	The organizations Articles, Bylaws, Conflict of Interest Policy, and Financial Statements are made available upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11G	Laboratory Program Services Expense 1,476,509 Management and General Expenses 353,307 Fundraising Expenses 0 Total Expenses 1,829,816. Physician Services Program Services Expense 0 Management and General Expenses 2,817,614 Fundraising Expenses 0 Total Expenses 2,817,614. Contractual Expenses Program Services Expense 18,953,608 Management and General Expenses 1,493,968 Fundraising Expenses 0 Total Expenses 20,447,576. Other Purchased Services Program Services Expenses 49,831,192 Management and General Expenses 6,161,253 Fundraising Expenses 0 Total Expenses 55,992,446 Total Other Fees 81,087,451.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Additional Pension Adjustment 970,890, Donated capital transfers from restricted funds 452,683

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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
Yakima Valley Memorial Hospital Association

Employer identification number
91-0567263

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) Memorial Physicians 3800 Summitview Yakima, WA 98902 26-4379419	Medical Services	WA	46,508,216	5,734,923	YVMHA
(2) Central Washington Healthcare Partners 3800 Summitview Yakima, WA 98902 45-3483343	Accountable Care Organization	WA	901,703	170,057	YVMHA
(3) Yakima Heart Center at Memorial Trust 2811 Tieton Drive Yakima, WA 98902 45-7017902	Medical Services	WA	41,886,205	10,754	YVMHA
(4) Yakima Urology at Memorial Trust 2811 Tieton Drive Yakima, WA 98902 47-6620487	Medical Services	WA	14,785,792	115,444	YVMHA
(5) Orthopedics Northwest 1211 N 16th Avenue Yakima, WA 98902 82-6150143	Medical Services	WA	47,777,584	218,553	YVMHA

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	(g) No
(1) Garden Village 206 S 10th Avenue Yakima, WA 98902 91-2090034	Skilled Nursing	WA	501c3	10	N/A		No
(2) Virginia Mason Health System 1100 Ninth Avenue Seattle, WA 98101 91-1351110	Fundraising	WA	501c3	7	N/A		No
(3) Virginia Mason Medical Center 1100 Ninth Avenue Seattle, WA 98101 91-0565539	Health Care	WA	501c3	3	VMHS		No
(4) Virginia Mason Institute 1100 Ninth Avenue Seattle, WA 98101 26-3763656	Education	WA	501c3	9	VMMC		No
(5) Benaroya Research Institute at Virginia Mason 1201 Ninth Avenue Seattle, WA 98101 91-0653422	Research	WA	501c3	4	VMHS		No
(6) Children's Village 3801 Kern Road Yakima, WA 98902 35-2654720	Supporting Organization	WA	501c3	12	N/A		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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? 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.

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation