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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 12-31-2020

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

C Name of organization  
CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Doing business as  
CLEARWATER VALLEY HEALTH

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
301 CEDAR

City or town, state or province, country, and ZIP or foreign postal code  
OROFINO, ID 83544

F Name and address of principal officer:  
LENNE BONNER  
301 CEDAR  
OROFINO, ID 83544

D Employer identification number  
82-0497771

E Telephone number  
(208) 476-4555

G Gross receipts \$ 11,971,216

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

J Website: ▶ WWW.SMH-CVH.ORG

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 ▶

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

L Year of formation: 1997

M State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES.

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 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 240

6 Total number of volunteers (estimate if necessary) 6 18

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 4,000,736 340,426

9 Program service revenue (Part VIII, line 2g) 18,658,804 11,225,482

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 112,303 31,636

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,432 373,672

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,787,275 11,971,216

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 218,118 176,247

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) 14,658,932 7,450,852

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,310

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 8,739,610 4,300,894

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 23,616,660 11,927,993

19 Revenue less expenses. Subtract line 18 from line 12 -829,385 43,223

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 22,182,095 20,994,854

21 Total liabilities (Part X, line 26) 14,348,761 13,569,143

22 Net assets or fund balances. Subtract line 21 from line 20 7,833,334 7,425,711

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  
JYL RULAND CFO  
Type or print name and title

2021-11-12  
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-07-19 Check ☐ if self-employed PTIN P00951009

Firm's name ▶ DINGUS ZARECOR & ASSOCIATES PLLC Firm's EIN ▶ 20-0079326

Firm's address ▶ 12015 E MAIN AVE Phone no. (509) 242-0874  
SPOKANE VALLEY, WA 99206

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO MAKE A HEALTHY DIFFERENCE IN PEOPLE'S LIVES.

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

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

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

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

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

|           |   |
|-----------|---|
| <b>4a</b> | (Code: ) (Expenses \$ 9,456,910 including grants of \$ 176,247 ) (Revenue \$ 11,225,482 ) |
|           | See Additional Data   |

|           |  |
|-----------|--|
| <b>4b</b> | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
|-----------|--|

|           |  |
|-----------|--|
| <b>4c</b> | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
|-----------|--|

|           |   |
|-----------|---|
| <b>4d</b> | Other program services (Describe in Schedule O.)    |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ ) |

|           |   |
|-----------|---|
| <b>4e</b> | <b>Total program service expenses</b> ▶ 9,456,910 |
|-----------|---|

**Part IV Checklist of Required Schedules**

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

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

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

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

|           |  | Yes       | No  |
|-----------|--|-----------|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | <b>1a</b> | 96  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | Yes |

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

Form **990** (2020)

**Part VI**

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

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

**Section A. Governing Body and Management**

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> 11 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> 10 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | <b>2</b>     |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body?   | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶JYL RULAND 301 CEDAR OROFINO, ID 83544 (208) 476-4555

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)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) LENNY HILL<br>CHAIR                            | 2.00<br>.....<br>3.00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) RENE FORSMAN<br>SECRETARY/TR                   | 1.00<br>.....<br>1.00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) CHRISTINA ULMER<br>BOARD DIRECT                | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) SISTER LISA MAURER<br>BOARD DIRECT             | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) PAUL NUSSE<br>BOARD DIRECT                     | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) KIM INGRAM<br>BOARD DIRECT                     | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MATT SARTINI<br>BOARD DIRECT                   | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) CINDY O'BRIEN<br>BOARD DIRECT                  | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JEREMY EVANS<br>BOARD DIRECT                   | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) SISTER BARBARA JEAN GLODOWSKI<br>BOARD DIRECT | 1.00<br>.....<br>1.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) CLARENCE BRUNSON<br>BOARD DIRECT              | 1.00<br>.....<br>39.00   | X   |                       |         |              |                              |        | 0  | 289,556   | 10,567  |
| (12) KELLY MCGRATH<br>BOARD DIRECT                 | 39.00<br>.....<br>1.00   | X   |                       |         |              |                              |        | 330,998  | 0   | 12,898  |
| (13) LENNE BONNER<br>PRESIDENT/CE                  | 30.00<br>.....<br>30.00  |   |                       | X       |              |                              |        | 212,165  | 183,410   | 19,309  |
| (14) JYL RULAND<br>CFO                             | 30.00<br>.....<br>30.00  |   |                       | X       |              |                              |        | 161,373  | 0   | 10,982  |
| (15) KARIN SCHMIDOVA<br>SURGEON                    | 40.00<br>.....   |   |                       |         |              | X                            |        | 405,734  | 0   | 13,070  |
| (16) REBECCA KATZMAN<br>PHYSICIAN                  | 40.00<br>.....   |   |                       |         |              | X                            |        | 285,947  | 0   | 10,210  |
| (17) COLLEEN SHOLAR<br>PHYSICIAN                   | 40.00<br>.....   |   |                       |         |              | X                            |        | 263,590  | 0   | 12,145  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) JENNIFER JOHNSTON<br>.....<br>PHYSICIAN                             | 40.00<br>.....   |   |                       |         |              | X                            |        | 244,412  | 0   | 10,085  |
| (19) ANN LIMA<br>.....<br>PHYSICIAN                                      | 40.00<br>.....   |   |                       |         |              | X                            |        | 232,920  | 0   | 11,828  |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 2,137,139  | 472,966   | 111,094   |

**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 ► 29

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | 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)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| PALOUSE IMAGING CONSULTANTS PLLC,<br>PO BOX 9583<br>MOSCOW, ID 83843 | IMAGING READS                  | 302,089             |
| RICHARDSON ENTERPRISES INC,<br>PO BOX 1916<br>OROFINO, ID 83544      | ANESTHESIOLOGIS                | 208,672             |
| PETER NELSON,<br>17919 PALOMINO ROAD<br>COLBER, WA 99005             | LOCUMS                         | 190,177             |
|  |                                |                     |
|  |                                |                     |

**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 ► 3



**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |       |
|---|---|--|----------------------|--|---|--|--|-------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>         | <b>1a</b> Federated campaigns . . .   | <b>1a</b>  |                      |  |   |  |  |       |
|   | <b>b</b> Membership dues . . .  | <b>1b</b>  |                      |  |   |  |  |       |
|   | <b>c</b> Fundraising events . . .   | <b>1c</b>  |                      |  |   |  |  |       |
|   | <b>d</b> Related organizations  | <b>1d</b>  | 6,379                |  |   |  |  |       |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  |                      |  |   |  |  |       |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above   | <b>1f</b>  | 334,047              |  |   |  |  |       |
|   | <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$  | <b>1g</b>  |                      |  |   |  |  |       |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |  |                      | 340,426  |   |  |  |       |
| <b>Program Service Revenue</b>  |   |  | Business Code        |  |   |  |  |       |
|   | <b>2a</b> NET PATIENT SERVICE REVENUE   | 621110   | 11,225,482           | 11,225,482   |   |  |  |       |
|   | <b>b</b>  |  |                      |  |   |  |  |       |
|   | <b>c</b>  |  |                      |  |   |  |  |       |
|   | <b>d</b>  |  |                      |  |   |  |  |       |
|   | <b>e</b>  |  |                      |  |   |  |  |       |
|   | <b>f</b> All other program service revenue.   |  |                      |  |   |  |  |       |
| <b>g Total.</b> Add lines 2a-2f. . . . . ▶                                |   |  | 11,225,482           |  |   |  |  |       |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶  |  | 29,388               |  |   | 29,388   |  |       |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds ▶   |  |                      |  |   |  |  |       |
|   | <b>5</b> Royalties . . . . . ▶  |  |                      |  |   |  |  |       |
|   | <b>6a</b> Gross rents   | (i) Real   | (ii) Personal        |  |   |  |  |       |
|   |   | <b>6a</b>  |                      |  |   |  |  |       |
|   |   | <b>b</b> Less: rental expenses                           | <b>6b</b>            |  |   |  |  |       |
|   |   | <b>c</b> Rental income or (loss)                         | <b>6c</b>            |  |   |  |  |       |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶  |  |                      |  |   |  |  |       |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |  |  |       |
|   |   | <b>7a</b>  | 2,248                |  |   |  |  |       |
|   |   | <b>b</b> Less: cost or other basis and<br>sales expenses | <b>7b</b>            |  |   |  |  |       |
|   |   | <b>c</b> Gain or (loss)                                  | <b>7c</b>            |  |   |  |  | 2,248 |
|   | <b>d</b> Net gain or (loss) . . . . . ▶   |  | 2,248                |  |   | 2,248  |  |       |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>8a</b>  |                      |  |   |  |  |       |
|   |   | <b>b</b> Less: direct expenses . . . . .                 | <b>8b</b>            |  |   |  |  |       |
|   | <b>c</b> Net income or (loss) from fundraising events . . . ▶   |  |                      |  |   |  |  |       |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>9a</b>  |                      |  |   |  |  |       |
| <b>b</b> Less: direct expenses . . . . .                                  |   | <b>9b</b>  |                      |  |   |  |  |       |
| <b>c</b> Net income or (loss) from gaming activities . . . ▶              |   |  |                      |  |   |  |  |       |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . | <b>10a</b>  |  |                      |  |   |  |  |       |
|   | <b>b</b> Less: cost of goods sold . . .   | <b>10b</b>   |                      |  |   |  |  |       |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶             |   |  |                      |  |   |  |  |       |
| Miscellaneous Revenue   |   | Business Code  |                      |  |   |  |  |       |
| <b>11a</b> INSURANCE PROCEEDS   | 900099  | 303,191  |                      |  | 303,191                                 |  |  |       |
| <b>b</b> REBATES  | 900099  | 60,924   |                      |  | 60,924                                  |  |  |       |
| <b>c</b> OTHER  | 900099  | 9,557  |                      |  | 9,557                                   |  |  |       |
| <b>d</b> All other revenue . . . . .                                      |   |  |                      |  |   |  |  |       |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                             |   |  | 373,672              |  |   |  |  |       |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                     |   |  | 11,971,216           | 11,225,482   |   | 405,308  |  |       |

**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 ☒

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 176,247                      | 176,247                                |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 271,857                      | 180,828                                | 91,029  |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 5,906,965                    | 4,766,178                              | 1,138,041                                     | 2,746                              |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 216,890                      | 173,651                                | 43,143  | 96                                 |
| <b>9</b> Other employee benefits . . . . .   | 646,984                      | 518,001                                | 128,696                                       | 287                                |
| <b>10</b> Payroll taxes . . . . .  | 408,156                      | 326,786                                | 81,189  | 181                                |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   | 882                          |  | 882   |                                    |
| <b>c</b> Accounting . . . . .  | 2,417                        |  | 2,417   |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  | 52                           |  | 52  |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 1,769,897                    | 1,227,808                              | 542,089                                       |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 33,123                       |  | 33,123  |                                    |
| <b>13</b> Office expenses . . . . .  | 249,909                      | 82,394                                 | 167,515                                       |                                    |
| <b>14</b> Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 84,003                       | 68,569                                 | 15,434  |                                    |
| <b>17</b> Travel . . . . .   | 39,603                       | 32,356                                 | 7,247   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 28,698                       | 24,830                                 | 3,868   |                                    |
| <b>20</b> Interest . . . . .   | 43,264                       |  | 43,264  |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 333,568                      | 257,029                                | 76,539  |                                    |
| <b>23</b> Insurance . . . . .  | 83,754                       | 69,552                                 | 14,202  |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> MEDICAL SUPPLIES  | 1,040,933                    | 1,040,933                              |   |                                    |
| <b>b</b> DUES & SUBSCRIPTIONS  | 353,779                      | 295,132                                | 58,647  |                                    |
| <b>c</b> REPAIR & MAINTENANCE  | 133,683                      | 123,138                                | 10,545  |                                    |
| <b>d</b> RECRUITMENT   | 103,329                      | 93,478                                 | 9,851   |                                    |
| <b>e</b> All other expenses  |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 11,927,993                   | 9,456,910                              | 2,467,773                                     | 3,310                              |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

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

|                                    |  |  |            | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|--|--|------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |            | 1,901                    | <b>1</b>   | 564,804            |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |            | 11,132,093               | <b>2</b>   | 9,196,488          |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |            | 42,000                   | <b>3</b>   | 164,689            |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |            | 4,084,585                | <b>4</b>   | 2,959,278          |
|                                    | <b>5</b>   | 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 . . . . . |            |                          | <b>5</b>   |                    |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .  |            |                          | <b>6</b>   |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |            | 15,953                   | <b>7</b>   | 47,900             |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |            | 403,936                  | <b>8</b>   | 388,086            |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |            | 226,279                  | <b>9</b>   | 188,189            |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> | 15,775,808               |            |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b> | 10,423,800               |            |                    |
|                                    |  |  |            | 5,246,141                | <b>10c</b> | 5,352,008          |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |            |                          | <b>11</b>  |                    |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |            | 1,029,207                | <b>12</b>  | 1,087,068          |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |            |                          | <b>13</b>  |                    |
|                                    | <b>14</b>  | Intangible assets . . . . .  |            |                          | <b>14</b>  |                    |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |  |            | <b>15</b>                | 1,046,344  |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .   |  | 22,182,095 | <b>16</b>                | 20,994,854 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |            | 8,193,525                | <b>17</b>  | 1,781,836          |
|                                    | <b>18</b>  | Grants payable . . . . .   |            |                          | <b>18</b>  |                    |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |            | 1,401,541                | <b>19</b>  | 244,146            |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |            |                          | <b>20</b>  |                    |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D  |            |                          | <b>21</b>  |                    |
|                                    | <b>22</b>  | 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 . . . . . |            |                          | <b>22</b>  |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |            | 2,462,330                | <b>23</b>  | 2,247,087          |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |            | 1,913,894                | <b>24</b>  |                    |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |            | 377,471                  | <b>25</b>  | 9,296,074          |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |            | 14,348,761               | <b>26</b>  | 13,569,143         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |            |                          |            |                    |
|                                    | <b>27</b>  | Net assets without donor restrictions . . . . .  |            | 7,833,334                | <b>27</b>  | 7,425,711          |
|                                    | <b>28</b>  | Net assets with donor restrictions . . . . .   |            |                          | <b>28</b>  |                    |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |            |                          |            |                    |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds . . . . .   |            |                          | <b>29</b>  |                    |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |            |                          | <b>30</b>  |                    |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |            |                          | <b>31</b>  |                    |
| <b>32</b>                          | <b>Total net assets or fund balances</b> . . . . .   |  | 7,833,334  | <b>32</b>                | 7,425,711  |                    |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 22,182,095 | <b>33</b>                | 20,994,854 |                    |

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 11,971,216 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 11,927,993 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 43,223     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 7,833,334  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 45,512     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | -3,319     |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -493,039   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 7,425,711  |

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

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 82-0497771  
**Name:** CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Form 990 (2020)

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

CLEARWATER VALLEY HOSPITAL AND CLINICS (CVHC) IS CREATED AND ORGANIZED TO OWN, MAINTAIN, OPERATE AND CONDUCT, DIRECTLY OR INDIRECTLY, AND TO ASSIST AND COORDINATE ACTIVITIES OF FACILITIES FOR HEALTH CARE, EDUCATION, CARE FOR THE AGED AND SOCIAL SERVICES, INCLUDING CHARITABLE CARE TO PERSONS UNABLE TO PAY. CVHC OPERATES A 23-BED CRITICAL ACCESS HOSPITAL THAT PROVIDES GENERAL MEDICAL AND SURGICAL CARE FOR INPATIENT, OUTPATIENT, AND EMERGENCY ROOM PATIENTS IN CLEARWATER COUNTY AND THE SURROUNDING AREAS AND PRIMARY CARE CLINICS IN OROFINO, PIERCE, AND KOOSKIA. CVHC PROVIDED 1,000 HOSPITAL PATIENT DAYS, 9,762 OUTPATIENT VISITS, 1,730 ER VISITS, AND 8,453 CLINIC ENCOUNTERS DURING THE YEAR.

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Employer identification number  
82-0497771

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

Part II

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

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

| Section B. Total Support                         |  |          |          |          |          |          |           |
|--|--|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7  | Amounts from line 4. . .   |          |          |          |          |          |           |
| 8  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources. . . .   |          |          |          |          |          |           |
| 9  | Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on. . .  |          |          |          |          |          |           |
| 10   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.). . .   |          |          |          |          |          |           |
| 11   | <b>Total support.</b> Add lines 7 through<br>10  |          |          |          |          |          |           |
| 12   | Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |           |
| 13   | <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check<br>this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage |   |    |
|---|---|----|
| 14  | Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 |
| 15  | Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .   | 15 |
| 16a   | <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |    |
| b   | <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |    |
| 17a   | <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>      |    |
| b   | <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |    |

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

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .  |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

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

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

| Section B. Type I Supporting Organizations |  | Yes | No |
|--|--|-----|----|
| 1  | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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. |     |    |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  |     |    |

| 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

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

| Section E. Type III Functionally-Integrated Supporting Organizations |  | Yes | No |
|--|--|-----|----|
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |     |    |
| a  | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| b  | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| c  | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| 2  | Activities Test. Answer lines 2a and 2b below.   |     |    |
| a  | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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. |     |    |
| b  | Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| 3  | Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| a  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |     |    |
| 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 <b>Part VI</b> the role played by the organization in this regard.  |     |    |

|   |  |                |                                |
|---|--|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>  |  |                |                                |
| <b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in <b>Part VI</b></i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |  |                |                                |
| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>  | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>  | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>  | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>  | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>  | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>  | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>   |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>  | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>  | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>  | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>  | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>  | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):  |                |                                |
| <b>2</b>  | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>  | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                                |
| <b>5</b>  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>  | Multiply line 5 by 0.035   | <b>6</b>       |                                |
| <b>7</b>  | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>  | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>   |  |                | Current Year                   |
| <b>1</b>  | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>  | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>  | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>  | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>  | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

Part V

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

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

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

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

| Facts And Circumstances Test |
|------------------------------|
|                              |

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**  
▶**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>CLEARWATER VALLEY HOSPITAL AND CLINICS INC | Employer identification number<br>82-0497771 |
|--|--|

**Part I-A**

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

|           |   |  |
|-----------|---|--|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$   |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$   |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4a</b> | Was a correction made?  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</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).**

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated group  
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....**c** Total lobbying expenditures (add lines 1a and 1b) .....**d** Other exempt purpose expenditures .....**e** Total exempt purpose expenditures (add lines 1c and 1d) .....**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....☐ **Yes** ☐ **No****4-Year Averaging Period Under Section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | <b>(a)</b> 2017 | <b>(b)</b> 2018 | <b>(c)</b> 2019 | <b>(d)</b> 2020 | <b>(e)</b> Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                                |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                               |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                           |                 |                 |                 |                 |                  |

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

| Return Reference              | Explanation  |
|-------------------------------|--|
| SCHEDULE C, PART II-B, LINE 1 | THE HOSPITAL DOES NOT DIRECTLY PERFORM ANY LOBBYING ACTIVITIES. THE HOSPITAL PAYS MEMBERSHIP DUES TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS. THE ASSOCIATIONS USE A PORTION OF SUCH DUES TO CARRY OUT LOBBYING ACTIVITIES. |



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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Employer identification number  
82-0497771

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.

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? . . . . .

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? . . . . .

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)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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.

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? . . . . .

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)? . . . . .

9

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

Part III

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

1a

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

1b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
(ii) Assets included in Form 990, Part X . . . . . ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Term endowment ▶ .....

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

3a

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

(i) Unrelated organizations . . . . .

3a(i)

Yes

No

(ii) Related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .   |                                      | 116,169                         |                              | 116,169        |
| b Buildings . . . . .   |                                      | 6,253,451                       | 2,963,171                    | 3,290,280      |
| c Leasehold improvements  |                                      | 6,211                           | 6,211                        |                |
| d Equipment . . . . .   |                                      | 7,921,283                       | 7,023,593                    | 897,690        |
| e Other . . . . .   |                                      | 1,478,694                       | 430,825                      | 1,047,869      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 5,352,008      |

Schedule D (Form 990) 2020

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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other _____   |                |  |
| (A)   | 1,087,068      | F  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    | 1,087,068      |  |

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:<br>Cost or end-of-year market<br>value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |   |

Part IX

Other Assets.

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

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

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ESTIMATED THIRD-PARTY SETTLEMENTS                               | 4,644,170      |
| (3) COVID-19 PAYABLE  | 2,422,902      |
| (4) DUE TO RELATED ORGANIZATION                                     | 2,220,541      |
| (5) CAPITAL LEASE OBLIGATION  | 8,461          |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 9,296,074      |

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 82-0497771  
**Name:** CLEARWATER VALLEY HOSPITAL AND CLINICS INC

**Supplemental Information**

| Return Reference           | Explanation  |
|----------------------------|--|
| SCHEDULE D, PAGE 3, PART X | CVHC AND SMH ARE NON-PROFIT 501(C)3 CRITICAL ACCESS HOSPITALS AND ASSOCIATED CLINICS LOCATED IN IDAHO. |

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury

Name of the organization  
CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Employer identification number  
82-0497771

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |   |     |     |
|----|---|-----|-----|
|    |   | Yes | No  |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .   | 1a  | Yes |
| b  | If "Yes," was it a written policy? . . . . .  | 1b  | Yes |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> 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.<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 225.0000000000 %<br><br>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.<br><br>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"? . . . . .<br><br>5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .<br><br>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .<br><br>c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .<br><br>6a Did the organization prepare a community benefit report during the tax year? . . . . .<br><br>b If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a  | Yes |
|    |   | 3b  | Yes |
|    |   | 4   | Yes |
|    |   | 5a  | Yes |
|    |   | 5b  | No  |
|    |   | 5c  |     |
|    |   | 6a  | Yes |
|    |   | 6b  | Yes |

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) . . . . .                                  |   |                               | 138,079                             |                               | 138,079                           | 1.160 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 2,903,668                           | 2,428,202                     | 475,466                           | 3.990 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |   |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  |   |                               | 3,041,747                           | 2,428,202                     | 613,545                           | 5.140 %                      |
| Other Benefits   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |   |                               |                                     |                               |                                   |                              |
| f Health professions education (from Worksheet 5) . . . . .                                  |   |                               | 16,722                              |                               | 16,722                            | 0.140 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |   |                               |                                     |                               |                                   |                              |
| h Research (from Worksheet 7) . . . . .  |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |   |                               |                                     |                               |                                   |                              |
| j Total. Other Benefits . . . . .  |   |                               | 16,722                              |                               | 16,722                            | 0.140 %                      |
| k Total. Add lines 7d and 7j . . . . .   |   |                               | 3,058,469                           | 2,428,202                     | 630,267                           | 5.280 %                      |

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

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

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

**Section A. Bad Debt Expense**

|  |          | Yes     | No |
|--|----------|---------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | <b>1</b> | Yes     |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   | <b>2</b> | 524,485 |    |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . | <b>3</b> | 6,295   |    |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |          |         |    |

**Section B. Medicare**

|   |   |   |  |
|---|---|---|--|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .   | <b>5</b>                                      | 5,661,139                                 |  |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .  | <b>6</b>                                      | 5,609,010                                 |  |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .  | <b>7</b>                                      | 52,129                                    |  |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: |   |   |  |
| <input type="checkbox"/> Cost accounting system   | <input type="checkbox"/> Cost to charge ratio | <input checked="" type="checkbox"/> Other |  |

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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



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

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

How many hospital facilities did the organization operate during the tax year?  
**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)  
CLEARWATER VALLEY HOSPITAL & CLINIC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

|   | Yes        | No  |
|---|------------|-----|
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | <b>1</b>   | No  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .   | <b>2</b>   | No  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>  |            |     |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .   | <b>6b</b>  | Yes |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SMH-CVH.ORG</u>   |            |     |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .   | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>  |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>WWW.SMH-CVH.ORG</u>  | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |            |     |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CLEARWATER VALLEY HOSPITAL & CLINIC

| 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?<br>If "Yes," indicate the eligibility criteria explained in the FAP:<br><div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000% and FPG family income limit for eligibility for discounted care of 225.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>  | 13  | Yes |
| 14  | Explained the basis for calculating amounts charged to patients?  | 14  | Yes |
| 15  | Explained the method for applying for financial assistance?<br>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):<br><div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>  | 15  | Yes |
| 16  | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):<br><div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br/>WWW.SMH-CVH.ORG</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br/>WWW.SMH-CVH.ORG</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br/>WWW.SMH-CVH.ORG</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 16  | Yes |

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

CLEARWATER VALLEY HOSPITAL &amp; CLINIC

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

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

**Policy Relating to Emergency Medical Care**

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

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

CLEARWATER VALLEY HOSPITAL &amp; CLINIC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |



**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? 3

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> CLEARWATER VALLEY OROFINO HEALTH CT<br>1055 RIVERSIDE AVE<br>OROFINO, ID 83544 | OUTPATIENT CLINIC           |
| <b>2</b> CLEARWATER VALLEY PIONEER MEDICAL<br>105 W CARLE STREET<br>PIERCE, ID 83546    | OUTPATIENT CLINIC           |
| <b>3</b> CLEARWATER VALLEY KOOSKIA MEDICAL<br>201 THENON STREET<br>KOOSKIA, ID 83539    | OUTPATIENT CLINIC           |
| <b>4</b>  |                             |
| <b>5</b>  |                             |
| <b>6</b>  |                             |
| <b>7</b>  |                             |
| <b>8</b>  |                             |
| <b>9</b>  |                             |
| <b>10</b>   |                             |

Part VI

Supplemental Information

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.).
- 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.
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART I, LINE 3C | ASSETS WILL BE CONSIDERED ALONG WITH THE PATIENT'S INCOME TO DETERMINE ELIGIBILITY FOR THE FINANCIAL ASSISTANCE PROGRAM. ASSETS MAY INCLUDE, BUT ARE NOT LIMITED TO, SUCH ITEMS AS CHECKING AND SAVINGS ACCOUNTS, IRAS, 401(K)S, PENSIONS, HEALTH SAVINGS ACCOUNTS, ADDITIONAL PROPERTY, AND ANY OTHER RETIREMENT FUNDING. |



# 990 Schedule H, Supplemental Information

| Form and Line Reference    | Explanation  |
|----------------------------|--|
| SCHEDULE H, PART I, LINE 7 | THE HOSPITAL APPLIES THE RATIO OF PATIENT CARE COST-TO-CHARGES (WORKSHEET 2) FOR FIGURES REPORTED IN THE TABLE RELATED TO CHARITY CARE AND UNREIMBURSED MEDICAID (TOTAL OPERATING EXPENSES LESS NON-PATIENT CARE ACTIVITIES, TOTAL COMMUNITY BENEFIT, AND TOTAL COMMUNITY BUILDING EXPENSES). ACTUAL COSTS WERE USED FOR THE REMAINDER OF THE COMMUNITY BENEFITS REPORTED. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference      | Explanation  |
|------------------------------|--|
| SCHEDULE H, PART III, LINE 2 | THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS. THE HOSPITAL PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference      | Explanation  |
|------------------------------|--|
| SCHEDULE H, PART III, LINE 3 | <p>DISCOUNTS, CHARITY CARE, AND BAD DEBT EXPENSE ARE ACCOUNTED FOR AS REDUCTIONS TO REVENUE. BAD DEBT EXPENSE ON PATIENT ACCOUNTS WOULD BE IDENTIFIED AS ANY BALANCE ON THE ACCOUNT, LESS ANY PREVIOUS PAYMENTS AND DISCOUNTS, THAT HAS AGED AND IS ABSENT OF ANY PAYMENTS. IF, DURING THE COLLECTION PROCESS, IT BECOMES KNOWN THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE AMOUNTS INCLUDED WITHIN BAD DEBT EXPENSE WOULD BE RECLASSIFIED TO CHARITY CARE. CVHC APPLIED A HIGH-LEVEL, CONSERVATIVE ANALYTICAL REVIEW BY MULTIPLYING THE RATIO OF CHARITABLE ALLOWANCES TO GROSS PATIENT REVENUE AGAINST BAD DEBT EXPENSE TO ARRIVE AT AN APPROXIMATION OF CHARITY CARE THAT RESIDES IN BAD DEBT. CVHS INCORPORATES THE COST OF BAD DEBT AS A COMMUNITY BENEFIT. AS A TAX- EXEMPT HOSPITAL, WE MUST PROVIDE THE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THAT CARE. IN DOING SO, WE MAKE QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference      | Explanation  |
|------------------------------|--|
| SCHEDULE H, PART III, LINE 4 | THE PATIENT ACCOUNTS RECEIVABLE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS IS FOUND IN FOOTNOTE 1 ON PAGE 26 OF THE KOOTENAI HEALTH CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THE PROVISION FOR BAD DEBTS IS ALSO INCLUDED IN FOOTNOTE 1. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference      | Explanation   |
|------------------------------|---|
| SCHEDULE H, PART III, LINE 8 | <p>THESE ALLOWABLE COSTS ARE OBTAINED FROM THE MEDICARE COST REPORT FOR THE YEAR. THE REPORTED MEDICARE ALLOWABLE COSTS ARE OBTAINED FROM THE HOSPITAL'S GENERAL LEDGER AND THEN ADJUSTED AND REPORTED IN ACCORDANCE WITH CENTERS FOR MEDICARE SERVICES (CMS) "COST FINDING" GUIDELINES AS PUBLISHED IN THEIR PROVIDER REIMBURSEMENT MANUAL. ONCE THE MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE HOSPITAL'S COST REPORT, ANY COSTS ATTRIBUTED TO SUBSIDIZED HEALTH SERVICES, AND MEDICAL EDUCATION, ARE REMOVED AND REPORTED SEPARATELY. EXPLANATION FOR ANY PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES IN THE CURRENT TAX YEAR: THE HOSPITAL IS REQUIRED TO FILE A MEDICARE COST REPORT 5 MONTHS AFTER THE CLOSE OF THEIR FISCAL YEAR. THE COST REPORT PROVIDES MEDICARE WITH INFORMATION THAT IS USED TO DETERMINE UTILIZATION AND SPENDING TRENDS BUT ALSO IS USED TO SET FUTURE PAYMENT RATES FOR MOST MEDICARE SERVICES. IF THE INTERIM PAYMENTS PAID TO A HOSPITAL ARE HIGHER OR LOWER THAN THE FILED COST REPORT ALLOWABLE REIMBURSEMENT THERE WILL BE A SETTLEMENT FOR THAT FISCAL YEAR. THIS CAN BE DUE TO CHANGES IN UTILIZATION OR COST OF PROVIDING SERVICES FOR CRITICAL ACCESS HOSPITALS (CAH) OR DIFFERENCES BETWEEN INTERIM AND FINAL PAYMENT FACTORS FOR DISPROPORTIONATE SHARE, BAD DEBTS, OR INDIRECT MEDICAL EDUCATION FOR NON-CAH HOSPITALS. AN ESTIMATE FOR THESE SETTLEMENTS IS RECORDED AT THE CLOSE OF THE FISCAL YEAR. IF THE ESTIMATE VARIES FROM THE FINAL SETTLEMENT RECEIVED 6-7 MONTHS AFTER THE FISCAL YEAR ENDS, THEN THESE AMOUNTS ARE RECORDED AS PRIOR YEAR MEDICARE REVENUE. ANY MEDICARE ALLOWABLE COSTS OF PATIENT CARE SHORTFALLS REPORTED IN PART III, LINE 7 ARE TREATED AS COMMUNITY BENEFIT. THE RATIONALE FOR THE HOSPITAL'S OPINION IS PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND IT IS LIKELY TO GET WORSE. MANY MEDICARE BENEFICIARIES ARE POOR AND ARE ELIGIBLE FOR MEDICAID IN ADDITION TO MEDICARE. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference       | Explanation   |
|-------------------------------|---|
| SCHEDULE H, PART III, LINE 9B | <p>THE POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR THE FINANCIAL ASSISTANCE POLICY (FAP) AND FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE, AND THE PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS/HER PAYMENT AGREEMENTS. CVHC OFFERS EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS AND WILL NOT CHARGE A PATIENT THE GROSS AMOUNT OF CHARGES FOR ANY UNINSURED TREATMENT. UNINSURED DISCOUNTS WILL BE APPLIED TO THE GROSS CHARGES PRIOR TO ANY FINANCIAL ASSISTANCE OR OTHER DISCOUNTS. IF AT ANY TIME CVHC RECOGNIZES THAT A PATIENT MAY BE ELIGIBLE FOR STATE OR FEDERAL PROGRAMS, A REPRESENTATIVE WILL ASSIST THE PATIENT IN OBTAINING INFORMATION ABOUT THESE PROGRAMS OR PROVIDE CONTACT INFORMATION FOR THESE PROGRAMS. CVHC CONTRACTS WITH AN OUTSIDE PATIENT ADVOCACY AGENCY, WHICH MAY PROVIDE ASSISTANCE TO THE UNINSURED PATIENT IN APPLYING TO CERTAIN STATE AND FEDERAL PROGRAMS. AT ANY STAGE OF THE PATIENT EXPERIENCE AND UP THROUGH THE COLLECTION PROCESS, THE PATIENT MAY EXPRESS A CONCERN THAT THEY ARE UNABLE TO PAY THEIR BILL IN FULL OR MEET THE PAYMENT PLAN REQUIREMENTS. AT THAT TIME, THE PATIENT WILL BE GIVEN EVERY OPPORTUNITY TO COMPLETE AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. CVHC TRAINS ITS OUTSIDE DEBT COLLECTION AGENCIES AND ATTORNEYS ABOUT THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION ABOUT THE FAP OR SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. CHVC REQUIRES ITS OUTSIDE COLLECTION AGENCIES AND ATTORNEYS TO REFER PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BACK TO THE HOSPITAL. IF A PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE AFTER AN ACCOUNT HAS BEEN REFERRED FOR COLLECTION ACTIVITY, CVHC SUSPENDS ALL COLLECTION ACTIVITY UNTIL THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND CVHC HAS NOTIFIED THE PATIENT OF ITS DECISION. PATIENTS ARE ADVISED AT THAT TIME TO NOTIFY THE COLLECTION AGENCY TO HOLD THEIR ACCOUNT. THE OUTSIDE DEBT COLLECTION AGENCIES ARE NOTIFIED BY CVHC ONCE AN ACCOUNT ADJUSTMENT HAS BEEN MADE.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 2 | <p>WE ASSESS AND RESPOND TO THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THROUGH MANY WAYS INCLUDING THE FOLLOWING: MARKETING RESEARCH - CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND ST. MARY'S HOSPITAL, INC. REVIEW INTERNAL DATA TO BETTER UNDERSTAND THE NEEDS AND USES(S) OF OUR SERVICES. THIS INCLUDES ACCESS TO SERVICE AREAS (I.E. PRIMARY CARE), PAYOR INFORMATION, AND OVERALL GAPS IN SERVICES. ASSESSMENTS HAVE RESULTED IN STRATEGIC PLANS FOR GROWING SERVICES, AS WELL AS, CHANGES TO INTERNAL PROCESSES FOR HEALTH CARE ACCESS. POPULATION CARE MANAGEMENT - WE REGULARLY COMPARE OUR HEALTH RANKINGS AND RATINGS TO STATE AND NATIONAL DATA TO IDENTIFY GREATEST AREAS OF HEALTH CARE NEEDS. WE PREPARE INTERVENTIONS TARGETED TO AREAS OF GREATEST NEED, SUCH AS UNCONTROLLED DIABETES OR PRE-DIABETES. WE THEN MEASURE THE EFFECT OF INTERVENTIONS COMPARED TO OVERALL COUNTY RANKINGS. WE USE THIS DATA TO ASSESS THE IMPLICATIONS OF EXPANDING PILOT PROGRAMS. PLANNED INTERACTION WITH VARIOUS COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS - AN UMBRELLA COALITION OF COMMUNITY HEALTH, HEALTHCARE, AND SOCIAL WELFARE GROUPS MEETS REGULARLY TO SHARE PERSPECTIVES ON COMMUNITY NEEDS AND THE ROLE THE HOSPITAL CAN PLAY IN ADDRESSING THOSE NEEDS AS A COLLABORATIVE PARTNER. INTERACTIONS HAVE RESULTED IN SUCCESSFUL PROGRAMS FOR NURSE CASE MANAGEMENT, COMMUNITY REFERRAL COORDINATOR, COMMUNITY HEALTH WORKER, AND BENEFITS COUNSELOR POSITIONS. INTERNAL QUALITY INDICATORS - WE TRACK DATA THAT LEAD TO THE IMPROVED CARE AND TREATMENT OF PATIENTS WITH CHRONIC DISEASES, TOBACCO USE, AND MENTAL HEALTH CONDITIONS. THIS INCLUDES PATIENT ACTIVITY AND OUTCOMES, ALLOWING FOR THE HOSPITAL TO BETTER IDENTIFY THE NEEDS OF THE PATIENTS, WHICH CAN BE UTILIZED TO ASSESS THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. HEALTH DATA PROVIDED BY PAYOR ORGANIZATIONS, NAMELY GOVERNMENT AND COMMERCIAL HEALTH INSURERS - THIS HEALTH DATA TYPICALLY INVOLVES MEDICAL TREATMENT AND OUTCOMES THAT REFLECT TRENDS OF UNHEALTHY LIFESTYLES AND BEHAVIORS. OUR OBJECTIVE IS TO UNDERSTAND THESE RELATIONSHIPS AND TO DEVELOP ACTION STEPS TO INTERVENE ON THE FRONT END TO PREVENT SUCH MEDICAL SITUATIONS FROM OCCURRING. EXAMPLES INCLUDE MANAGEMENT OF CARDIOVASCULAR HEALTH AND OPIOID USE. THE CHNA CAN BE FOUND ON THE HOSPITAL WEBSITE AT THE FOLLOWING URL: <a href="https://smh-cvh.org/community-health-needs-assessment/">HTTPS://SMH-CVH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</a></p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 3 | <p>CVHC MAKES INFORMATION ON ITS FINANCIAL ASSISTANCE POLICY (FAP) READILY AVAILABLE TO PATIENTS. INFORMATION ABOUT FINANCIALS ASSISTANCE PROGRAMS IS AVAILABLE ON THE HOSPITAL WEBSITE (SMH-CVH.ORG) WHERE THE INFORMATION AND APPLICATION IS EASILY ACCESSIBLE TO BE VIEWED, DOWNLOADED, AND PRINTED AT NO CHARGE TO THE PATIENT. NOTICES ON THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE CONSPICUOUSLY POSTED IN EMERGENCY ROOM DEPARTMENTS. FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE DURING THE PRE-ADMISSION FINANCIAL SCREENING, AT THE TIME OF REGISTRATION ,AND PRIOR TO A HOSPITAL DISCHARGE. INFORMATION ABOUT THE FAP IS IN ALL COLLECTION LETTERS AND PATIENT STATEMENTS. FAP INFORMATION AND/OR APPLICATIONS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. CVHC EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS PROVIDING DIRECT PATIENT TREATMENT AND WHO WORK IN ADMISSIONS, BILLING, AND COLLECTIONS, ABOUT THE EXISTENCE OF THE FAP AND HOW A PATIENT MAY OBTAIN MORE INFORMATION. ANNUAL EDUCATION/AWARENESS OF THE FAP IS PROVIDED TO ENSURE ALL EMPLOYEES WITH PATIENT CONTACT ARE AWARE OF THE PROGRAM AND HOW PATIENTS CAN OBTAIN ADDITIONAL INFORMATION. CLINICAL AND HOSPITAL STAFF WHO PROVIDE DIRECT PATIENT CARE HAVE KNOWLEDGE OF THE FAP AND KNOW TO DIRECT PATIENTS TO A REGISTRATION INTERVIEWER OR BUSINESS OFFICE REPRESENTATIVE. REGISTRATION STAFF HAVE AN UNDERSTANDING OF THE POLICY, KNOWLEDGE OF WHERE THE RELATED DOCUMENTS ARE LOCATED, AND WHERE TO DIRECT THE PATIENT FOR MORE INFORMATION ON THE FAP. DESIGNATED EMPLOYEES (FINANCIAL COUNSELORS &amp; PATIENT ACCOUNTS REPRESENTATIVES) HAVE A THOROUGH UNDERSTANDING OF THE FAP AND OFFER THE INFORMATION ON THE FAP TO THOSE PATIENTS WHO MAKE AN INQUIRY ABOUT THE PROGRAM OR ARE DETERMINED THROUGH A FINANCIAL SCREENING TO BE ELIGIBLE FOR THIS PROGRAM. PATIENT ADVOCACY SERVICES ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF ASSISTANCE. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT, A PATIENT'S GUARANTOR, A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS. THE ORGANIZATION RESPONDS TO ANY ORAL OR WRITTEN REQUESTS FOR MORE GENERAL INFORMATION ON THE FAP MADE BY A PATIENT OR ANY INTERESTED PARTY. DUE TO THE SMALL SIZES OF THE LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS OF THE COMMUNITIES SERVED BY CVHC, CVHC WAS NOT REQUIRED TO TRANSLATE THE FINANCIAL ASSISTANCE POLICY (FAP), THE FAP APPLICATION FORM, OR THE PLAIN LANGUAGE SUMMARY OF THE FAP TO OTHER LANGUAGES. THE FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY CAN BE FOUND ON THE HOSPITAL WEBSITE AT THE FOLLOWING URL: <a href="https://apps.para-hcfs.com/PTT/FINALLINKS/STMARYS_V2.ASPX">HTTPS://APPS.PARA-HCFS.COM/PTT/FINALLINKS/STMARYS_V2.ASPX</a></p> |



**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 4 | <p>CVHC IS LOCATED IN OROFINO, IDAHO AND OPERATES A HOSPITAL AND 3 CLINICS THAT SERVE THE COMMUNITIES OF IDAHO IN LEWIS AND CLEARWATER COUNTIES COVERING 2,400 SQUARE MILES. THE OVERALL COMMUNITY IS CLASSIFIED AS RURAL. THE SERVICE AREA IS APPROXIMATELY 27,000 PEOPLE WITH AN AGE DISTRIBUTION OF 19% UNDER THE AGE OF 18; 56% BETWEEN THE AGES OF 18 AND 65; AND 25% OVER THE AGE OF 65. THE RACIAL MAKEUP OF THE SERVICE AREA IS 91% CAUCASIAN; 3% HISPANIC, AND 6% OTHER. THE GENDER SPLIT RATIO IS 48% WOMEN AND 52% MEN. THE AVERAGE INCOME FOR THE SERVICE AREA IS APPROXIMATELY 40,000. CVHC IS COMMITTED TO SERVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. APPROXIMATELY 3.9% GROSS REVENUE DOLLARS WERE FROM SELF-PAY PATIENTS AND 12.6% FROM MEDICAID RECIPIENTS. CVHC HAS CLINICS IN IDAHO COUNTY AND THE PIERCE-WEIPPE SERVICE AREA ARE CURRENTLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS. THERE ARE 4 OTHER HOSPITALS THAT SERVE THE COMMUNITY.</p> |

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 5 | <p>CVHC BOARD OF DIRECTORS IS COMPOSED MAINLY OF VOLUNTEER REPRESENTATIVES FROM THE PRIMARY SERVICE AREA AND DEDICATE TIME TO ENSURING THEY UNDERSTAND THE HEALTH AND WELFARE NEEDS OF OUR COMMUNITY. CVHC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY WHO ARE PROPERLY SCREENED. ALL APPLICANTS THAT APPLY MUST MEET THE CREDENTIALING STANDARDS AND BE APPROVED BY THE GOVERNING BOARD IN ORDER TO PROVIDE SERVICES AT THE HOSPITAL. IN ADDITION, THE HOSPITAL SERVES AS A CLINICAL PRACTICE SITE FOR MANY STUDENTS IN X-RAY TECHNOLOGY, NURSING, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, AND MEDICAL RESIDENCY PROGRAMS. THIS IS ESPECIALLY IMPORTANT BECAUSE IDAHO HAS ONE OF THE LOWEST PHYSICIAN PER CAPITA RATES IN THE NATION. ANY SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, AND EMPLOYEE EDUCATION. WE REGULARLY REVIEW FACILITIES AND EQUIPMENT AND DEVELOP AN ATTRITION PROCESS TO REPLACE AGING PLANT OPERATIONS AND EQUIPMENT. WE ALSO LOOK FOR OPPORTUNITIES TO BRING NEW SERVICES TO THE COMMUNITIES VIA INVESTING IN NEW SKILLS AND TECHNOLOGY WHERE APPROPRIATE. CVHC ENGAGED COMMUNITIES IN COMING TOGETHER AND CREATING SOCIAL CONNECTIVITY THROUGH SUPPORT OF LOCAL EVENTS AND COMMUNITY PROGRAMS. THESE INCLUDE THE FORMATION OF COMMUNITY AND SCHOOL GARDENS, HEALTH TALKS, SPONSORSHIP OF RACES, AND PARTICIPATION IN COUNTY FAIR ACTIVITIES. WE PROMOTE BETTER MENTAL HEALTH BY BRINGING CHILD AND ADULT PSYCHIATRISTS TO OUR FRONTIER COMMUNITIES USING TELEMEDICINE. THIS MODEL HAS WON STATE AND NATIONAL AWARDS FOR INNOVATION IN REACHING THE MEDICALLY UNDERSERVED. WE ARE ALSO ACTIVE PARTICIPANTS IN NATIONAL DEMONSTRATION PROJECTS AND OTHER COLLABORATIONS TO PROVIDE AN EVIDENCE BASE FOR EFFECTIVE PROCESSES TO PROMOTE RURAL HEALTH. IN ADDITION TO THE ACTIVITIES LISTED IN PART I, LINE 7 AS WELL AS PART V, SECTION B, LINE 11, SOME OTHER PROJECTS UNDERTAKEN BY CVHC INCLUDE THE FOLLOWING: MOST MONTHS WE HAVE AN OVERALL THEME TARGETING A CHRONIC DISEASE STATE WITH SPECIAL PROGRAMS AND OUTREACH TO OUR COMMUNITIES (I.E. FEBRUARY IS HEART MONTH, OCTOBER IS BREAST CANCER AWARENESS, NOVEMBER IS DIABETES AWARENESS, ETC.). DOCTALKS ARE GEARED TO THE MONTHLY THEME WITH SCREENINGS AND INFORMATION PROVIDED AT THE EVENTS. OUR CARE MANAGERS, REFERRAL COORDINATORS, AND QUALITY DIRECTOR ARE ESPECIALLY ACTIVE IN COORDINATING THESE ACTIVITIES AND REACHING OUT TO PATIENTS WHO MAY NOT BE AWARE OF THE SERVICES OFFERED. COMMUNITY HEALTH WORKERS ARE HOSTING CHRONIC DISEASE SELF-MANAGEMENT AND CHRONIC PAIN SELF-MANAGEMENT CLASSES THROUGHOUT OUR SERVICE AREA. COLON CANCER AWARENESS AND SCREENING HAS BEEN A MAJOR OUTREACH EFFORT AT HEALTH FAIRS, LOCAL BAZAARS, SOME OF THE FARMER'S MARKET DAYS, AND WITHIN ALL OF THE CLINICS OVER THE PAST YEAR. CVHC IS AN ACTIVE PARTICIPANT IN ATTENDING AND SITTING ON THE BOARDS OF THE LOCAL HUMAN NEED COUNCILS WITHIN THE SERVICE AREAS. WE HAVE A PRESENCE ON MULTIPLE COALITIONS THROUGHOUT THE NORTHERN AND NORTH CENTRAL IDAHO. THIS IS OFTEN ACCOMPLISHED BY PHONE CONFERENCING IN ORDER TO PARTICIPATE IN THE DISCUSSIONS AND GROWTH WITHOUT INCURRING TRAVEL EXPENSE. WE ARE ALSO ACTIVELY ENGAGED IN STATE COALITIONS ON CHRONIC DISEASE AND COMMUNITY HEALTH WORKER PROGRAMS (OFTEN SEEN AS MEMBERS WITHIN THESE GROUPS FOR THE ACCOMPLISHMENTS ACHIEVED OVER THE PAST FEW YEARS). FUNDRAISERS AND VOLUNTEER EFFORTS ARE ESTABLISHED AND ONGOING WITH LOCAL FOOD BANKS, CLOTHING DISTRIBUTION DRIVES, AND OTHER VOLUNTEERS THAT ARE GEARED AROUND NATURAL DISASTERS AND OTHER NEEDS WITHIN OUR AREA. EFFORTS ARE BEING MADE TO BRING SAFE WALKING AND BIKE TRAILS TO COMMUNITIES WITHIN OUR SERVICE AREAS. A RESULT OF ALMOST EVERY SURVEY AND CONVERSATION IS THAT THE COMMUNITIES WANT MORE WAYS TO ENGAGE SAFELY IN PHYSICAL ACTIVITY AT LITTLE OR NO EXPENSE. COMMUNITY HEALTH WORKERS HAVE WORKED WITH COMMUNITY PARTNERS TO HOST WEEKLY WALKS THROUGHOUT THE REGION PROVIDING BOTH AN EDUCATION COMPONENT AND A SAFE WALKING PATH FOR THE DAY. COMMUNITY HEALTH WORKERS COORDINATE AND HOST SCREENING EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE SERVICE AREA TO HELP SCREEN FOR DIABETES, DEPRESSIONS, SDOH ISSUES, AND COLON CANCER. SOME OF THE SCREENING EVENTS ARE HELD IN CONJUNCTION WITH A FOOD BANK DISTRIBUTION SITE. CVHC IS PART OF KOOTENAI HOSPITAL DISTRICT DBA KOOTENAI HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH FACILITIES IN IDAHO. KOOTENAI HEALTH REINVESTS SURPLUS REVENUES INTO TECHNOLOGY, INFRASTRUCTURE AND CLINICAL PROGRAMS TO INCREASE THE HEALTH AND VITALITY OF THE COMMUNITIES WE SERVE. KOOTENAI HEALTH PROVIDES SERVICES IN RURAL COMMUNITIES AND IS COMMITTED TO ELIMINATING GEOGRAPHIC BARRIERS TO CARE. WE INVEST IN FACILITY UPGRADES, TECHNOLOGY, AND STAFFING THAT ENHANCE CARE IN THESE COMMUNITIES TO ENSURE PATIENTS CAN RECEIVE AS MUCH CARE AS POSSIBLE CLOSE TO HOME. TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A PROVIDER IN THEIR HOME. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS</p> |

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 5 | <p>FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH-QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. KOOTENAI HEALTH'S CLINICALLY INTEGRATED NETWORK, KOOTENAI CARE NETWORK (KCN), CONTINUES TO GROW ITS PROVIDER MEMBERSHIP AND COVERED LIVES. BY THE END OF 2020 THERE WERE APPROXIMATELY 600 PARTICIPATING PROVIDERS AND MORE THAN 40,000 COVERED LIVES IN THE NETWORK. THE NETWORK NOW HAS THREE HOSPITALS, KOOTENAI HEALTH AND TWO CRITICAL ACCESS HOSPITALS. THE GOAL OF THE NETWORK IS TO IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY BY DELIVERING EFFICIENT, HIGH-QUALITY CARE COLLABORATIVELY DESIGNED PATIENT CARE BY INDEPENDENT AND EMPLOYED PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS, HOSPITALS, POST-ACUTE CARE PROVIDERS, COMMUNITY HEALTHCARE PARTNERS AND PAYERS. KCN IS THE SOLE MEMBER OF KOOTENAI ACCOUNTABLE CARE, LLC, FORMED IN 2017 WHICH WAS GRANTED APPROVAL TO PARTICIPATE AS A MEDICARE SHARED SAVINGS PROGRAM (MSSP) ACCOUNTABLE CARE ORGANIZATION (ACO) TRACK 1 IN DECEMBER 2017 FOR THE THREE-YEAR PERIOD BEGINNING JANUARY 1, 2018 PLAN YEAR WITH AN ESTIMATED 12,700 ATTRIBUTED MEDICARE BENEFICIARIES. FOR FINANCIAL PERFORMANCE, IN 2020 KOOTENAI ACCOUNTABLE CARE WAS RANKED 6 OUT OF 128 MSSP ACOS THAT STARTED IN 2018. THE NETWORK INITIATED DISCUSSIONS WITH IDAHO MEDICAID AND OTHER ORGANIZATIONS AROUND THE STATE TO FORM VALUE CARE STRATEGIES IN SUPPORT OF THE MEDICAID POPULATION. KCN HAS A TEAM OF CARE MANAGERS TO HELP PATIENTS WITH CHRONIC CONDITIONS TO MANAGE THEIR CARE. THESE CHRONIC CONDITIONS INCLUDE CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HEART FAILURE, DEPRESSION, AND ANXIETY. THE CARE MANAGERS WORK WITH A VARIETY OF PATIENTS, CAREGIVERS, AND HEALTHCARE EXPERTS WITHIN KCH TO PROVIDE EFFICIENT, HIGH-QUALITY CARE FOR THE COMMUNITY. EACH YEAR KOOTENAI HEALTH MAKES SUBSTANTIAL FINANCIAL AND IN-KIND DONATIONS THAT BENEFIT THE COMMUNITY. THESE INCLUDE DONATIONS TO GROUPS SUCH AS THE SUICIDE PREVENTION ACTION NETWORK AND THE COMMUNITY CANCER FUND. KOOTENAI HEALTH PROVIDES FREE AND LOW-COST HEALTH SCREENINGS AND SUPPORT GROUPS FOR PATIENTS WITH DIABETES, CANCER, MENDED HEARTS, PARKINSON'S, AND PULMONARY DISEASE. KOOTENAI HEALTH PROVIDES TRAINING OPPORTUNITIES FOR PHYSICIANS, NURSES, AND OTHER HEALTHCARE WORKERS. TOGETHER, THESE SERVICES ARE IMPROVING HOW PEOPLE ARE CARED FOR IN THE GEOGRAPHICALLY DIVERSE COMMUNITIES WE SERVE.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 6 | <p>CVHC IS PART OF KOOTENAI HOSPITAL DISTRICT DBA KOOTENAI HEALTH, A FULLY INTEGRATED HEALTH SYSTEM WITH 3 HOSPITALS AND MORE THAN 40 CLINICS IN IDAHO. KOOTENAI HEALTH IS ORGANIZED AND EXISTS AS A POLITICAL SUBDIVISION UNDER THE LAWS OF THE STATE OF IDAHO TO PROVIDE HEALTH CARE SERVICES WITHIN THE DISTRICT. KOOTENAI HEALTH SERVES A RURAL POPULATION WHOSE MEDIAN INCOMES GENERALLY FALL BELOW STATE AVERAGES. THE PRESENCE OF OUR CLINICS AND HOSPITALS ENSURES THAT PEOPLE WITH FEW ECONOMIC RESOURCES DO NOT HAVE TO DRIVE AN HOUR OR MORE TO RECEIVE BASIC (AND IN SOME CASES LIFESAVING) MEDICAL CARE. IN ADDITION TO STAFFING HOSPITALS AND CLINICS IN FEDERALLY RECOGNIZED UNDERSERVED AREAS, KOOTENAI HEALTH SUPPORTS THE HEALTH OF COMMUNITIES THROUGH ACTIVE OUTREACH PROGRAMS INTO SMALL HOSPITALS AND CLINICS, RANGING FROM ONCOLOGY TO CARDIOLOGY. KOOTENAI HEALTH ALSO PROMOTES THE HEALTH OF ALL OF ITS COMMUNITIES THROUGH ADHERENCE TO EVIDENCE-BASED BEST PRACTICE STANDARDS AND CLINICAL QUALITY GOALS DESIGNED TO ENSURE THAT PATIENTS RECEIVE THE SAME HIGH STANDARD OF CARE AT ANY KOOTENAI HEALTH HOSPITAL OR CLINIC. TELEHEALTH ALLOWS PATIENTS TO RECEIVE CARE FROM A PROVIDER IN THEIR HOME. TELEHEALTH APPOINTMENTS TAKE PLACE IN LOCAL CLINICS OR HOSPITALS THROUGH SECURE INTERACTIVE VIDEOCONFERENCING. PATIENTS FEEL LIKE THEY ARE IN THE SAME ROOM WITH THEIR DOCTOR. THIS EXPERIENCE OFFERS THE SAME HIGH- QUALITY CARE THAT PATIENTS EXPECT DURING AN IN-PERSON VISIT. KOOTENAI HEALTH IS INVOLVED IN SEVERAL JOINT RELATIONSHIPS TO PROVIDE NEEDED HEALTH SERVICES TO IDAHO RESIDENTS. THESE RELATIONSHIPS ARE IN THE AREAS OF IMAGING SERVICES, MAGNETIC RESONANCE IMAGING SERVICES, REHABILITATION SERVICES, AMBULATORY SURGICAL SERVES, OUTPATIENT LABORATORY SERVICES AND RADIATION THERAPY SERVICES. WE ALSO SUPPORT COMMUNITY HEALTH THROUGH THE KOOTENAI HEALTH FOUNDATION AND THROUGH CONTRIBUTIONS THAT FOCUS ON PROGRAMS AND SERVICES THAT BENEFIT THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE.</p> |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-0497771

**Name:** CLEARWATER VALLEY HOSPITAL AND  
CLINICS INC

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

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | 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  | CLEARWATER VALLEY HOSPITAL & CLINIC<br>301 CEDAR<br>OROFINO, ID 83544<br>WWW.SMH-CVH.ORG<br>01 | X                 | X                          |                     | X                 | X                        |                   | X           |          |                  |                          |

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

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

| Form and Line Reference   | Explanation   |
|---|---|
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 3E | IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS BEGIN ON PAGE 14 OF THE CHNA LOCATED ON THE HOSPITAL'S WEBSITE. ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. CHOSE TO ADDRESS THREE PRIORITY NEEDS BASED ON STAKEHOLDER GROUP FEEDBACK. THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY ARE ACCESS TO CARE, CHILDREN ARE ACTIVE & HEALTHY, AND CHILDREN ARE HEALTHY IN MIND, BODY AND SPIRIT. THE NEEDS ARE NOT RANKED IN ORDER; ALL THREE HEALTH NEEDS ARE CONSIDERED PRIORITIES. THE HOSPITAL WILL WORK ON ADDRESSING EACH NEED SIMULTANEOUSLY. |

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

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

| Form and Line Reference  | Explanation   |
|--|---|
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 5 | A STEERING COMMITTEE WAS FORMED BY ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL & CLINICS, INC. TO LEAD THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FROM APRIL 2018 TO DECEMBER 2018. PARTNERS WERE SELECTED FOR THE STEERING COMMITTEE TO ENSURE THE ASSESSMENT PROCESS WAS GUIDED BY COMMUNITY STAKEHOLDERS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. AS SUCH, THE PARTNERS REPRESENTED THE PUBLIC HEALTH PERSPECTIVE AND THE INTERESTS OF MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR INDIVIDUALS. ORGANIZATIONS REPRESENTED ON THE STEERING COMMITTEE INCLUDED: OROFINO BOARD OF EDUCATION, CLEARWATER ECONOMIC DEVELOPMENT COUNCIL, OROFINO AMBULANCE, LOCAL BUSINESS LEADERS, OROFINO CHAMBER OF COMMERCE, OROFINO POLICE DEPARTMENT, CITY OF OROFINO, FAITH-BASED ORGANIZATIONS, GRANGEVILLE BOARD OF EDUCATION, UPRIVER YOUTH COALITION, CAMAS PRAIRIE FOOD BANK, COTTONWOOD CHAMBER OF COMMERCE, NORTH IDAHO CORRECTIONAL INSTITUTION, AND COTTONWOOD SENIOR CENTER. COMMUNITY INPUT WAS COLLECTED THROUGH AN ONLINE SURVEY THAT WAS DISTRIBUTED BY THE STEERING COMMITTEE AND HOSPITAL STAFF. THE SURVEY WAS DEVELOPED BASED ON AN EXISTING TEMPLATE UTILIZED BY IDAHO PUBLIC HEALTH, NORTH CENTRAL REGION AMONG ITS AFFILIATES AND CITIZENS. MORE THAN 300 COMMUNITY MEMBERS RESPONDED TO THE SURVEY. THE SURVEY WAS COMPLETED BY A WIDE VARIETY OF AGES AND LOCATIONS. SIGNIFICANT EFFORT WAS TAKEN TO ENSURE THAT THE SURVEY WAS ACCESSIBLE TO INDIVIDUALS WHO ARE PART OF THE MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS. ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL & CLINICS, INC. DID NOT RECEIVE ANY COMMENTS ON THEIR PREVIOUS CHNA. ANY COMMENTS WOULD HAVE BEEN TAKEN INTO CONSIDERATION IN THE DEVELOPMENT OF THE CHNA. |

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| <b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>   |  |
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |  |
| Form and Line Reference  | Explanation  |
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 6A  | THE CHNA WAS CONDUCTED IN COLLABORATION WITH ST. MARY'S HOSPITAL, INC., A RELATED ORGANIZATION, IN ORDER TO ALIGN RESOURCES AND STRENGTHS TO BETTER SERVE OUR COMMUNITY. |



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

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

| Form and Line Reference   | Explanation  |
|---|--|
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 6B | TO HAVE THE GREATEST IMPACT ON THE COMMUNITY SERVED, CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. WORKED COLLABORATIVELY ON THE ASSESSMENT PROCESS WITH IDAHO PUBLIC HEALTH AND NORTH CENTRAL REGION. NOT ONLY DID THIS ENSURE FEEDBACK FROM A REPRESENTATIVE OF PUBLIC HEALTH THROUGHOUT THE ENTIRE COMMUNITY HEALTH NEEDS ASSESSMENT, IT ALSO PROVIDED THE BACKBONE FOR CONTINUED COLLABORATION ON THE IMPLEMENTATION PLANS. |

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

| Form and Line Reference   | Explanation   |
|---|---|
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 11 | <p>DURING 2020, ST. MARY'S HOSPITAL, INC. AND CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AD DRESSED THE SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENT ASSESSMENT: ACCESS TO CARE; CH ILDREN ARE ACTIVE AND HEALTHY; AND CHILDREN ARE HEALTHY IN MIND, BODY AND SPIRIT. WITH FEW EXCEPTIONS THE HOSPITALS PLAY A PRIMARY ROLE IN ESTABLISHING THE FRAMEWORK FOR PROGRESS I N EACH OF THESE AREAS. WITH THE ADVENT OF COVID-19, MUCH OF THE WORK BEGUN ON ADDRESSING T HESE INITIATIVES HAS UNDERGONE SIGNIFICANT CHANGES IN BOTH PRIORITY AND SCOPE OF WORK. THE FOLLOWING DESCRIBES THE HOSPITALS' EFFORTS TO ADDRESS THE IDENTIFIED PRIORITIES, IN LIGHT OF THE NEW DEMANDS THIS PANDEMIC HAS CREATED. PRIORITY AREA 1: ACCESS TO CARE WITH A PATI ENT POPULATION THAT COVERS APPROXIMATELY 29,000 PEOPLE IN AN AREA THE SIZE OF DELAWARE AND MARYLAND COMBINED, THE CHALLENGE OF PROVIDING ADEQUATE ACCESS TO CARE IS OF UTMOST IMPORT ANCE. WITH A HIGH NUMBER OF ELDERLY PATIENTS LIVING ALONE, AND MINIMAL TO NO PUBLIC TRANSP ORTATION AVAILABLE IN THE REGION, PROVIDING ADEQUATE ACCESS TO FOOD, MEDICINE, AND HEALTHC ARE IS INCREDIBLY CHALLENGING. IN THE FIRST YEAR, WORK HAS CENTERED ON IDENTIFYING POTENTI AL SOLUTIONS, AVAILABLE FUNDING OPTIONS, AND POSSIBLE PRIVATE PARTNERS TO ADDRESS THIS CRI TICAL ISSUE. ONE OF THE WAY THE HOSPITAL CONTINUES TO REACH THESE PATIENTS IS THROUGH A CO RPS OF 11 COMMUNITY HEALTH WORKERS (CHWS) TO SERVE THE THREE IDAHO COUNTIES. THIS TEAM HOL DS SCREENING EVENTS WHERE THEY PERFORM HGBA1C TESTING; ADMINISTER FIT TESTS SCREENING FOR COLON CANCER; AND CONDUCT DEPRESSION, BODY MASS INDEX (BMI), AND BLOOD PRESSURE SCREENINGS . THEY ARE TRAINED TO LEAD CDSMP CLASSES (STANFORD CHRONIC DISEASE SELF- MANAGEMENT EDUCAT ION) AND DPP (DIABETES PREVENTION PROGRAM) CLASSES WHICH ARE CONDUCTED BY OUR STAFF. COVID -19 HAS CREATED ADDITIONAL UNFORESEEN CHALLENGES TO PROVIDING ACCESS TO BOTH PREVENTATIVE AND CRITICAL NEEDS CARE TO OUR PATIENT POPULATION, WITH FOCUS BEING DIVERTED TO ADDRESS BO TH THE IMMEDIATE TIME FRAME AND THE FUTURE. ST. MARY'S AND CLEARWATER VALLEY WORKED SWIFTLY TO IMPLEMENT TELE-HEALTH AND TELE-BEHAVIORAL SERVICES IN ORDER TO CONTINUE TO SERVE PATI ENTS WITHOUT A BREAK IN CARE. ADDITIONALLY, SERVICES LIKE FLY-SHOT CLINICS AND HEALTH SCRE ENINGS ARE BEING CONDUCTED VIA "DRIVE-THRU" CLINICS, HOME VISITS, AND EXPANDED CASE MANAGE MENT. PRIORITY AREA 2: CHILDREN ARE ACTIVE &amp; HEALTHY OROFINO WAS AWARDED A 250,000 COMMUNI TY TRANSFORMATION GRANT (CTB) FROM THE BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH. CTG IS A THREE-YEAR GRANT FOCUSED ON IMPROVING YOUTH ACCESS TO HEALTHY FOODS AND ACTIVE LIVING. YE AR ONE WAS SPENT LEARNING, BOTH FROM THE OROFINO COMMUNITY AND FROM COMMUNITY HEALTH EXPE RTS, WITH ONE PROJECT INITIATED. AS WE ENTER YEAR TWO, WE ARE WORKING TO EXPAND THE ACTION PLAN THAT WILL GUIDE HOW FUNDS WILL BE SPENT. AREAS OF SPECIFIC FOCUS WILL BE: A - POLICIE S: ORDINANCES, RULES, REGULATIONS, PRACTICES, AND PROCEDURES. PUBLIC POLICIES INCLUDE ZONI NG CODES, SUBDIVISION RULES AN</p> |

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

| Form and Line Reference   | Explanation   |
|---|---|
| FACILITY 1, CLEARWATER VALLEY HOSPITAL & CLINIC - PART V, LINE 11 | D REGULATIONS, SITE DESIGN GUIDELINES, ROADWAY DESIGN STANDARDS, ETC.; PRIVATE POLICES INC LUDE FARMERS MARKET REGULATIONS, SCHOOL WELLNESS POLICIES, WORKSITE POLICIES, ETC. B - PRO GRAMS: OUTREACH, EDUCATION AND BEHAVIOR CHANGE ACTIVITIES; EVENTS AND EDUCATION; POP-UPS, DEMONSTRATIONS, AND TRIALS. C - PROJECTS: CHANGES TO PHYSICAL INFRASTRUCTURE AND THE BUILT ENVIRONMENT; VENDING AND CONCESSION OPTIONS, GARDEN OF MARKET SPACE, FOOD LABELING, PRICI NG STRATEGIES, ETC. D - PARTNERSHIPS: ENGAGED ORGANIZATIONS AND COMMUNITY MEMBERS WITH ALI GNED RESOURCES WORKING TOGETHER TOWARD A COMMON GOAL (I.E. TO IMPROVE YOUTH ACCESS TO HEAL THY, AFFORDABLE FOOD AND INCREASED PHYSICAL ACTIVITY). THE PROPOSED PROJECTS CURRENTLY IDE NTIFIED FOR THE AWARDED GRANT FUNDS ARE A NEW SKATE PARK, UPGRADED TENNIS/PICKLEBALL COURT S, SCHOOL GARDENS, WALK/BIKE PROGRAMS, OPEN GYM AVAILABILITY, AND EXPANDED CITY PARK FACIL ITIES AND EQUIPMENT. THE PROJECTS WILL TIE INTO THE GOALS OF OFFERING A HEALTHIER LIFESTYL E THROUGH PHYSICAL FITNESS, GROUP ACTIVITIES, AND BETTER NUTRITION. PRIORITY AREA 3: CHILD REN ARE HEALTHY IN MIND, BODY AND SPIRIT WITH 35% OF STUDENTS IN GRADES 9-12 IN THE STATE OF IDAHO STATING THAT THEY FEEL SAD OR HOPELESS MORE THAN HALF THE TIME, AND WITH THE ADDE D PRESSURE THAT COVID-19 HAS PLACED ON OUR STUDENT POPULATION, SMH-CVHC RECOGNIZES THE IMP ORTANCE OF OFFERING EDUCATION AND SERVICES AIMED AT REDUCING THE INCREASING NUMBER OF SCHO OL AGED CHILDREN DYING, OR ATTEMPTING TO DIE, BY SUICIDE. A COMMUNITY HEALTH ACTION TEAM M ADE UP OF COMMUNITY MEMBERS, FAITH-BASED ORGANIZATIONS, LAW ENFORCEMENT AGENCIES, CITY LEA DERS, SCHOOL OFFICIALS, AND HOSPITAL STAFF, HAVE COMMITTED TO ORGANIZING AND OFFERING EDUC ATION AND SUPPORT TO PARENTS, STUDENTS, AND FAMILIES TO HELP ADDRESS THIS ISSUE. CURRENT R ESTRICTIONS HAVE MADE FORWARD PROGRESS ON THESE GOALS DIFFICULT TO ACHIEVE AT THIS TIME; H OWEVER, PLANS ARE IN PLACE TO RECONVENE THE CHAT GROUP PRIOR TO THE END OF THE YEAR TO BEG IN PLANNING FOR YEAR 2. EFFORTS WILL INCLUDE PROVIDING EDUCATORS AND WORKSHOPS, EITHER VIR TUALLY OR IN PERSON, STUDENT PEER TRAINING, CRISIS COUNSELING, AND IDENTIFYING POTENTIAL " SAFE SPACES" WITHIN OUR COMMUNITIES. |

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

CLEARWATER VALLEY HOSPITAL AND  
CLINICS INC

Employer identification number

82-0497771

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) ST MARY'S HOSPITAL INC<br>701 LEWISTON STREET<br>COTTONWOOD, ID 83522 | 82-0226453 | 501C3                           | 133,279                  |                                   |   |                                       | GRANT PASSTHROUGH                  |

- 2

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

1
- 3

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

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

Part III can be duplicated if additional space is needed.

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

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

| Return Reference                   | Explanation   |
|------------------------------------|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.'S MANAGEMENT REVIEWS THE GRANT ACTIVITY BY REVIEWING AND DOCUMENTING EACH EXPENDITURE REQUEST AND APPROVING THE EXPENSE. |

|  |   |  |
|--|---|--|
| Schedule J<br>(Form 990)   | Compensation Information  | OMB No. 1545-0047                            |
|  |   | 2020   |
|  |   | Open to Public Inspection                    |
| Department of the Treasury<br>Internal Revenue Service                 | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>CLEARWATER VALLEY HOSPITAL AND CLINICS INC |   | Employer identification number<br>82-0497771 |

| Part I Questions Regarding Compensation  |   | Yes | No |
|--|---|-----|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |   |     |    |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |     |    |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |     |    |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |     |    |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |     |    |
| <b>b</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  |    |
| <b>2</b> 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   |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |   |     |    |
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |     |    |
| <input checked="" type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |     |    |
| <input type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |     |    |
| <b>4</b> 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:  |   |     |    |
| <b>a</b> Receive a severance payment or change-of-control payment?   |   | 4a  | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |   | 4b  | No |
| <b>c</b> 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.  |   |     |    |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |   |     |    |
| <b>5</b> 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:  |   |     |    |
| <b>a</b> The organization?   |   | 5a  | No |
| <b>b</b> Any related organization?   |   | 5b  | No |
| If "Yes," on line 5a or 5b, describe in Part III.  |   |     |    |
| <b>6</b> 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:  |   |     |    |
| <b>a</b> The organization?   |   | 6a  | No |
| <b>b</b> Any related organization?   |   | 6b  | No |
| If "Yes," on line 6a or 6b, describe in Part III.  |   |     |    |
| <b>7</b> 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 |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |   | 8   | No |
| <b>9</b> 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 |  |                         |                                 |   |
| <b>1</b> CLARENCE BRUNSON<br>BOARD DIRECTOR  | (i)  | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
|  | (ii) | 253,731  | 35,825                              |                                     | 4,126  | 6,441                   | 300,123                         |   |
| <b>2</b> KELLY MCGRATH<br>BOARD DIRECTOR/CMO | (i)  | 330,898  | 100                                 |                                     | 5,527  | 7,371                   | 343,896                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>3</b> LENNE BONNER<br>PRESIDENT/CEO       | (i)  | 101,005  | 62,611                              | 48,549                              | 9,235  | 1,840                   | 223,240                         |   |
|  | (ii) | 145,160  | 38,250                              |                                     | -----  | 8,234                   | 191,644                         | -----   |
| <b>4</b> JYL RULAND<br>CFO                   | (i)  | 161,373  |                                     |                                     | 3,330  | 7,652                   | 172,355                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>5</b> KARIN SCHMIDOVA<br>SURGEON          | (i)  | 405,634  | 100                                 |                                     | 5,700  | 7,370                   | 418,804                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>6</b> REBECCA KATZMAN<br>PHYSICIAN        | (i)  | 250,928  | 35,019                              |                                     | 2,853  | 7,357                   | 296,157                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>7</b> COLLEEN SHOLAR<br>PHYSICIAN         | (i)  | 214,786  | 48,804                              |                                     | 5,135  | 7,010                   | 275,735                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>8</b> JENNIFER JOHNSTON<br>PHYSICIAN      | (i)  | 204,606  | 39,806                              |                                     | 2,625  | 7,460                   | 254,497                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| <b>9</b> ANN LIMA<br>PHYSICIAN               | (i)  | 204,961  | 27,959                              |                                     | 4,458  | 7,370                   | 244,748                         |   |
|  | (ii) | -----  | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |

**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 |
|------------------|-------------|
|------------------|-------------|



## Additional Data

**Software ID:**

### Software Version:

**EIN:** 82-0497771

**Name:** CLEARWATER VALLEY HOSPITAL AND CLINICS INC

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

[illegible]

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
CLEARWATER VALLEY HOSPITAL AND  
CLINICS INC

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**Employer identification number**

82-0497771

**990 Schedule O, Supplemental Information**

| Return Reference      | Explanation   |
|-----------------------|---|
| FORM 990,<br>PART III | PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED) CVHC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AND TO INDIVIDUALS WHO ARE UNABLE TO PAY. THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 206,088 FOR CHARITY CARE, 2,839,260 FOR MEDICARE, 1,905,631 FOR MEDICAID, AND 469,760 FOR OTHER THIRD-PARTY PAYORS FOR THE YEAR. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                        | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 6 | KOOTENAI HOSPITAL DISTRICT DBA KOOTENAI HEALTH IS THE SOLE MEMBER OF CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AND MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7A. KOOTENAI HOSPITAL DISTRICT HAS RESERVED POWERS WITH RESPECT TO CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. AS DESCRIBED IN SCHEDULE O, PART VI, LINE 7B. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A | KOOTENAI HOSPITAL DISTRICT APPOINTS AND REMOVES CLEARWATER VALLEY HOSPITAL AND CLINICS, INC.<br>GOVERNING BODY. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7B | <p>KOOTENAI HOSPITAL DISTRICT HAS RESERVED POWERS AS FOLLOWS: STRATEGIC AND BUSINESS PLANS - AUTHORITY TO CREATE AND TO APPROVE CLEARWATER VALLEY'S STRATEGIC AND BUSINESS PLANS. MISSION - AUTHORITY TO CREATE AND TO APPROVE THE MISSION PURPOSE AND VISION STATEMENT FOR CLEARWATER VALLEY. DEBT - APPROVAL OF THE INCURRENCE OF DEBT BY AND THE CREATION OF ALL MORTGAGES, LIENS, SECURITY INTERESTS, OR OTHER ENCUMBRANCES ON THE ASSETS OF CLEARWATER VALLEY IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE KH BOARD OF DIRECTORS. GOVERNING INSTRUMENTS - AUTHORITY TO CAUSE AND APPROVE AMENDMENTS OF THE ARTICLES OF INCORPORATION AND BYLAWS OF CLEARWATER VALLEY. MERGERS AND ACQUISITIONS - AUTHORITY TO CAUSE AND TO APPROVE ALL MERGERS, CONSOLIDATIONS, AND DISSOLUTION OF CLEARWATER VALLEY. AFFILIATIONS AND JOINT VENTURES - AUTHORITY TO CAUSE AND APPROVE ALL AFFILIATIONS, JOINT VENTURES AND OTHER ALLIANCES BETWEEN THIRD PARTIES AND CLEARWATER VALLEY. TRANSFER OF ASSETS - AUTHORITY TO CAUSE AND TO APPROVE THE SALE, LEASE OR OTHER TRANSFER OF CLEARWATER VALLEY ASSETS WHEN THE ASSET'S VALUE EXCEEDS THE SINGLE OR AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY THE KH BOARD OF DIRECTORS. SERVICES - AUTHORITY TO CAUSE AND TO APPROVE THE DISCONTINUANCE OF SERVICES AND SERVICE LOCATIONS OF CLEARWATER VALLEY. BUDGETS - APPROVAL OF CAPITAL AND OPERATING BUDGETS OF CLEARWATER VALLEY. PROFESSIONAL SERVICES - SELECTION OF THE GENERAL LEGAL COUNSEL AND EXTERNAL AUDITORS OF CLEARWATER VALLEY. ACQUISITIONS - AUTHORITY TO CAUSE AND TO APPROVE ALL ACQUISITIONS BY AND FORMATIONS OF ENTITIES BY CLEARWATER VALLEY. MARKETING AND BRANDING - AUTHORITY TO IMPLEMENT CLEARWATER VALLEY MARKETING, BRANDING, AND PROMOTIONAL ACTIVITIES. COMPLIANCE PLANS - AUTHORITY TO CREATE AND TO APPROVE CORPORATE COMPLIANCE, SAFETY AND RISK MANAGEMENT PLANS FOR CLEARWATER VALLEY. QUALITY PLAN - AUTHORITY TO CREATE AND TO APPROVE CLEARWATER VALLEY'S QUALITY PLAN. NON-BUDGETED PURCHASES - APPROVAL OF NON-BUDGETED CAPITAL PURCHASES, OPERATING EXPENSES, AND LEASES IN EXCESS OF THE SINGLE OR ANNUAL AGGREGATE DOLLAR LIMITS PRESCRIBED IN WRITING BY KH FOR CLEARWATER VALLEY. HUMAN RESOURCES - AUTHORITY TO CREATE HUMAN RESOURCE POLICIES AND PROCEDURES FOR CLEARWATER VALLEY. RESERVED POWERS - AUTHORITY TO CREATE ADDITIONAL KH RESERVED POWERS BY THE AFFIRMATIVE VOTE OF AT LEAST 75% OF THE KH BOARD OF DIRECTORS (EXCLUDING THE KH PRESIDENT).</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                    | Explanation  |
|-------------------------------------|--|
| FORM 990, PAGE 6, PART VI, LINE 11B | A COPY OF THE 990 IS PROVIDED TO THE CEO AND CFO WHO REVIEW THE FORM, SCHEDULES AND RELATED ATTACHMENTS. ANY COMMENTS OR QUESTIONS ARE ADDRESSED WITH THE PREPARER AND A FINAL DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS. ONCE MANAGEMENT IS SATISFIED WITH THE 990, THE CFO SIGNS THE FORM 8879-EO AUTHORIZING THE PREPARER TO E-FILE THE RETURN. |

## 990 Schedule O, Supplemental Information

| Return Reference                             | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | CVHC REQUIRES BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS. IF A POTENTIAL CONFLICT EXISTS THEY ARE REVIEWED BY THE BOARD AND THE INDIVIDUAL WITH THE POTENTIAL CONFLICT ABSTAINS FROM VOTING ON THE ISSUE. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | <p>COMPENSATION OF THE CEO IS SET BY THE INDEPENDENT, EXECUTIVE COMPENSATION COMMITTEE OF KOOTENAI HEALTH'S BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ENGAGES QUALIFIED INDEPENDENT COMPENSATION ADVISORS TO PROVIDE OBJECTIVE AND IMPARTIAL COMPARATIVE DATA AND TO EXPRESS OPINIONS ON TOTAL COMPENSATION REASONABLENESS. THE INDEPENDENT ADVISOR MONITORS COMPARABILITY DATA AND MARKETPLACE TRENDS, MAKES APPROPRIATE RECOMMENDATIONS REGARDING SALARY RANGES, AND PERIODICALLY REVIEWS THE MARKET COMPETITIVENESS OF KOOTENAI HEALTH EXECUTIVE COMPENSATION PACKAGES. CEO COMPENSATION RANGE IS DERIVED FROM STATE HOSPITAL ASSOCIATION SALARY SURVEYS AND OTHER REGIONAL COMPENSATION SURVEYS. ADDITIONALLY, CEO COMPENSATION IS DETERMINED UNDER A YEARLY PERFORMANCE EVALUATION. THIS PRACTICE IS ALSO FOLLOWED FOR THE CFO POSITION AND FOR OTHER COMPENSATED OFFICERS AND KEY EMPLOYEES. THE ANNUAL DELIBERATION AND DECISION PROCESS IS SUBSTANTIATED.</p> |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation                     |
|--|---------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15B | SEE FORM 990, PART VI, LINE 15A |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation         |
|-----------------------------------|---------------------|
| FORM 990,<br>PART IX,<br>LINE 11G | 1,227,808 542,089 0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                   |
|---------------------------------|-------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9 | HHS STIMULUS PAYBACK -493,039 |

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
CLEARWATER VALLEY HOSPITAL AND CLINICS INC

Employer identification number  
82-0497771

Part I

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1)ST MARY'S HOSPITAL INC<br>PO BOX 137<br><br>COTTONWOOD, ID 83522<br>82-0226453                        | HOSPITAL                | ID   | 501C3                      | 3   | KOOTENAI                         | Yes  |    |
| (2)KOOTENAI HEALTH FOUNDATION INC<br>2003 KOOTENAI HEALTH WAY<br><br>COEURDALENE, ID 83814<br>82-0380784 | FOUNDATION              | ID   | 501C3                      | 7   | KOOTENAI                         | Yes  |    |
| (3)KOOTENAI HEALTH<br>2003 KOOTENAI HEALTH WAY<br><br>COEURDALENE, ID 83814                              | HOSPITAL                | ID   | GOV                        |   | N/A                              |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

**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)<br>Name, address, and EIN of<br>related organization                                       | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> KOOTENAI URGENT CARE LLC<br>700 IRONWOOD DR SUITE 120E<br>COEURDALENE, ID 83814     | MEDICAL                 | ID  | N/A                                    |  |                                 |  |   | No |  |   | No |                                |
| <b>(2)</b> KOOTENAI OUTPATIENT SURGERY<br>707 IRONWOOD DRIVE<br>COEURDALENE, ID 83814          | SURGERY                 | ID  | N/A                                    |  |                                 |  |   | No |  |   | No |                                |
| <b>(3)</b> KOOTENAI OUTPATIENT IMAGING<br>700 W IRONWOOD DR SUITE 175<br>COEURDALENE, ID 83814 | IMAGING                 | ID  | N/A                                    |  |                                 |  |   | No |  |   | No |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |

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

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

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) ST MARY'S HOSPITAL INC          | B                                | 133,279                | GAAP   |
| (2) ST MARY'S HOSPITAL INC          | O                                | 58,205                 | GAAP   |
| (3) ST MARY'S HOSPITAL INC          | P                                | 1,922,400              | GAAP   |
| (4) ST MARY'S HOSPITAL INC          | Q                                | 1,736,908              | GAAP   |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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

[illegible]



**Part VII**

**Supplemental Information**

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

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