SCANNED FEB 1 3 2019



Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

| interi   | HI HOVOI                                 | Go to www.irs.gov/Form990 for instructions and  |              |                             | inspection                       |  |  |  |  |
|--|--|---|--------------|-----------------------------|----------------------------------|--|--|--|--|
| <u>A F</u>   | or the                                   | 2017 calendar year, or tax year beginning FEB 1, 2017 and   | ending       | DEC 31, 2017                |                                  |  |  |  |  |
| Вс   | heck if                                  | C Name of organization  |              | D Employer identif          | cation number                    |  |  |  |  |
| а  | pplicable                                | GREATER COLUMBIA ACCOUNTABLE  |              |                             |                                  |  |  |  |  |
| X  | Addres                                   | S COMMITTEE OF HEALTH   |              |                             |                                  |  |  |  |  |
| H  | Name                                     |   |              | <b>⊣</b> 81_2               | 81-2995297                       |  |  |  |  |
| $\vdash$   | _ change<br>□In:tial                     |   |              |                             |                                  |  |  |  |  |
| ⊨  | _return<br>∏Fınal                        | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suit    | 1                           |                                  |  |  |  |  |
| L  | return/<br>termin-                       | 720 W COURT ST., SUITE 4  |              | (509                        |                                  |  |  |  |  |
|  | ated                                     | City or town, state or province, country, and ZIP or foreign postal code  |              | G Gross receipts \$         | 6,249,810.                       |  |  |  |  |
|  | Amend                                    | PASCO, WA 99301   |              | H(a) Is this a group r      | etum                             |  |  |  |  |
|  | Application                              | F Name and address of principal officer RHONDA HAUFF  |              | for subordinates            | s? Yes X No                      |  |  |  |  |
|  | pendin                                   | SAME AS C ABOVE   | $\sim$       | H(b) Are all subordinates i | ncluded? Yes No                  |  |  |  |  |
| 1.1  | av-eve                                   | mpt status X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1)   | or 7 /52     | <b>⊣</b> ''                 | list. (see instructions)         |  |  |  |  |
|  |  | HTTP://GREATERCOLUMBIAACH.ORG/  | <u> </u>     | H(c) Group exemption        | ,                                |  |  |  |  |
|  |  | organization: X Corporation   | I Vos        |                             | M State of legal domicile; WA    |  |  |  |  |
|  |  | Summary   | L 164        | a or formation. 2010]       | W State of legal dofflicite, W21 |  |  |  |  |
| 1.6  | _  |   | men o        | OT IDED TA ACCO             | IDIMA D 1 E                      |  |  |  |  |
| ø  |  | Briefly describe the organization's mission or most significant activities GREA   |              |                             |                                  |  |  |  |  |
| ဋ  | !  | COMMUNITY OF HEALTH (GCACH) IS A COLLABOR   |              |                             | <del></del>                      |  |  |  |  |
| Governance   | 2 (                                      | Check this box 🕨 🔛 if the organization discontinued its operations or dispos  | sed of mo    | re than 25% of its net as   | sets                             |  |  |  |  |
| Š  | 3  | Number of voting members of the governing body (Part VI, line 1a)   |              | 3                           | 17                               |  |  |  |  |
| Ğ  | 4 1                                      | Number of independent voting members of the governing body (Part VI, line 1b)   |              | 4                           | 17                               |  |  |  |  |
| مخ<br>۱۵   |  | Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)  | \            | 5                           | 6                                |  |  |  |  |
| Activities &   |  | Fotal number of volunteers (estimate if necessary)  | •            | V 6                         | 18                               |  |  |  |  |
| . ₹  |  | •   |              | 1 —                         | 0.                               |  |  |  |  |
| Š  |  | Fotal unrelated business revenue from Part VIII, column (C), line 12  |              | 7 <u>a</u>                  |                                  |  |  |  |  |
|  | ь  | Net unrelated business taxable income from Form 990-T, line 34  |              | 7b                          | 0.                               |  |  |  |  |
|  |  |   | <b>⊢</b>     | Prior Year                  | Current Year                     |  |  |  |  |
| •  | 8 (                                      | Contributions and grants (Part VIII, line 1h)   | L            | 539,598.                    | 6,220,250.                       |  |  |  |  |
| Revenue  | 9 1                                      | Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and to EIVED  Other revenue (Part VIII, column (A), lines 5, 6q, 8q, 9c, 10c, and 11e) 018 | L            | 0.                          | 0.                               |  |  |  |  |
| 9  | 10                                       | nvestment income (Part VIII, column (A), lines 3, 4, and 70)  |              | 1,380.                      | 28,535.                          |  |  |  |  |
| ř  | 11 (                                     | Other revenue (Part VIII, column (A), lines 5, 66, 86, 9c, 10c, and 11e)  | \ Г          | 0.                          | 1,025.                           |  |  |  |  |
|  |  | Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12   | <i>I</i>     | 540,978.                    | 6,249,810.                       |  |  |  |  |
| _  |  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | +            | 0.                          | 0.                               |  |  |  |  |
|  |  |   | <b>t</b> ⊢   | 0.                          | 0.                               |  |  |  |  |
|  |  | Benefits paid to or for members (Part IX, column (A)-line-4)  | - ⊢          | 5,182.                      | 274,501.                         |  |  |  |  |
| es   | 15                                       | Salaries, other compensation, employee benefits (Part IX) column (A), lines 5-10)   | -            |                             |                                  |  |  |  |  |
| Expenses   | 16a                                      | Professional fundraising fees (Part IX, column (A), line 11e)   | _            | 0.                          | 0.                               |  |  |  |  |
| Š  | þ.                                       | Fotal fundraising expenses (Part IX, column (D), line 25)   | 0.           |                             |                                  |  |  |  |  |
| Ш  | 17 (                                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | L            | 74,377.                     | 323,739.                         |  |  |  |  |
|  | 18                                       | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |              | 79,559.                     | 598,240.                         |  |  |  |  |
|  | 19                                       | Revenue less expenses. Subtract line 18 from line 12  |              | 461,419.                    | 5,651,570.                       |  |  |  |  |
| or les   |  |   | 1            | Beginning of Current Year   | End of Year                      |  |  |  |  |
| Net Assets or  | 20                                       | Fotal assets (Part X, line 16)  | ۲            | 462,912.                    | 6,120,419.                       |  |  |  |  |
| SSC  | 21 .                                     | Total liabilities (Part X, line 26)   |              | 1,493.                      | 7,430.                           |  |  |  |  |
| et/  | 6.                                       | Net assets or fund balances. Subtract line 21 from line 20  | <b>⊢</b>     | 461,419.                    | 6,112,989.                       |  |  |  |  |
| <u> </u>   | 22                                       | Signature Block   |              | 401,419.                    | 0,112,303.                       |  |  |  |  |
| _  | rt II                                    |   |              | <del></del>                 | <del></del>                      |  |  |  |  |
|  | -  | ties of perjury, I declare that I have examined this return, including accompanying schedule:   |              |                             | y knowledge and belief, it is    |  |  |  |  |
| true,  | correct                                  | , and complete. Declaration of preparer (other than officer) is based on all information of wi  | hich prepare | er has any knowledge.       |                                  |  |  |  |  |
|  |  | N (It lave II)  |              |                             |                                  |  |  |  |  |
| Sign   | ,  | Signature of officer  |              | Pates                       |                                  |  |  |  |  |
|  |  | NHONDA HAUFF, BOARD PRESIDENT   |              | 1811/15                     | 116                              |  |  |  |  |
| Sign Here RHONDA HAUFF, BOARD PRESIDENT Type or print name and title |  |   |              |                             |                                  |  |  |  |  |
| Print/Type preparer's name Preparer's signature Date Check PTIN      |  |   |              |                             |                                  |  |  |  |  |
| Da! 4  | Į,                                       | * · · ·   | ₽T.T         | 11/07/18 self-emplo         |                                  |  |  |  |  |
| Paid   |  | EMINA O. CRESSWELL, CPA EMINA O. CRESSWI  | , uu         |                             |                                  |  |  |  |  |
| Prep   |  | Firm's name MOSS ADAMS LLP  |              | Firm's EIN ▶                | <u>91-0189318</u> (              |  |  |  |  |
| Use  | Use Only Firm's address ▶ P.O. BOX 22650 |   |              |                             |                                  |  |  |  |  |
| YAKIMA, WA 98907-2650 Phone no.509-248-7750                          |  |   |              |                             |                                  |  |  |  |  |
| May  | the IR                                   | S discuss this return with the preparer shown above? (see instructions)   |              |                             | X Yes No                         |  |  |  |  |
|  | 01 11-28                                 |   | ons.         |                             | Form <b>990</b> (2017)           |  |  |  |  |

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| Cartiful   Statement of Program Service Accomplishments   Devis describe the organization's mission   THE MISSION OF THE GCACH IS TO ADVANCE THE HEALTH OF OUR POPULATION BY DECREASING HEALTH DISPARITIES. IMPROVING REFICIENCY OF HEALTH CARE DELIVERY, AND EMPOWERING INDIVIDUALS AND COMMUNITY ENGAGEMENT.  2 Did the organization innovation, and Community   Engagement   Program Services   Delivery   Collaboration, Innovation, and Community   Engagement   Program Services   Program Servi   | Form      | 990 (2017) COMMUNITY OF HEALTH   | 81-2995297                    | Page 2        |
|--|-----------|--|-------------------------------|---------------|
| THE MISSION OF THE GCACH IS TO ADVANCE THE HRALTH OF OUR POPULATION BY DECREASING HEALTH DISPARITIES, IMPROVING REFICIENCY OF HEALTH CARE DELIVERY, AND EMPOWERING INDIVIDUALS AND COMMUNITIES THROUGH COLLABORATION, INNOVATION, AND COMMUNITY ENGAGEMENT.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 350 or 980-62?  If "es," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "es," describe these changes on Schedule O.  4 Describe the organization is program service accomplishments for each of its three largest program services. as measured by expenses.  Section 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service exported.  4 (cose)   (Supercest 370, 926. macking general )   (Revenuest 1)    THE ORGANIZATION IS DESIGNATED A ACCOUNTABLE COMMUNITY OF HEALTH (ACH)  BY THE HEALTH CARE AUTHORITY (HCA). THE STATE OF WASHINGTON'S HEALTH  CARE AUTHORITY, THE AGENCY OVERSEING ALL NIBE STATEMENT EACHS, HAS DEVELOPED THE POLLOWING KEY FUNCTIONS OF AN ACH:  1. SELECT AND MONITOR MBDICATD DEMONSTRATION TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL.  2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL.  2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL.  2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL.  3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTER'S FOR MEDICAGE AND MEDICATD SERVICES (CMS)  4. HAVE A GOVERNANCE STRUCTURE THAN TE MULTI-SECTOR, HAS BALANCED ENGAGEMENT DETWENN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4 Other program services expenses Manual Proje  | Pai       | tillij Statement of Program Service Accomplishments  |                               |               |
| THE MISSION OF THE GCACH IS TO ADVANCE THE HEALTH OF OUR POPULATION BY DECREASING HEALTH DISPARITIES. IMPROVING EFFICIENCY OF HEALTH CARE DELIVERY, AND EMPONENING INDIVIDUALS AND COMMUNITIES THROUGH COLLABORATION, INNOVATION, AND COMMUNITY ENGAGEMENT.  2 Dot the organization undertake any significant program services during the year which were not listed on the profession of the program services on Schedule O.  3 Dot the organization cease conducing, or make significant changes in how it conducts, any program services?   |           | Check if Schedule O contains a response or note to any line in this Part III                                   |                               | X             |
| DECREASING HEALTH DISPARITIES. IMPROVING SEFICIENCY OF HEALTH CARE DELIVERY, AND EMPOWERING INDIVIDUALS AND COMMUNITES THROUGH COLLABORATION, INNOVATION, AND COMMUNITY ENGAGEMENT.  2 Did the organization undertake any significant program services during the year which were not listed on the print of my 90 or 980 £27  If "Yes," describe these new services on Schedule O  3 Did the organization cause conduction, 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 sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, damy for each program service seported  4 Interest in the service of the service   | 1         | Briefly describe the organization's mission  |                               | -             |
| DELIVERY, AND EMPOWERING INDIVIDUALS AND COMMUNITY ENTROUGH COLLABORATION, INNOVATION, AND COMMUNITY ENGAGEMENT.  2 Did the organization undertake any significant program services during the year which were not listed on the price form \$90 or \$980-27?    "Yes, Schortch these new services on Schedule O.   "Yes, Schortch these news services on Schedule O.   Did the organization cases conducting, or make significant changes in how it conducts, any program services?   |           |  |                               | BY            |
| COLLABORATION, INNOVATION, AND COMMUNITY BRIGAGEMENT.  Dot the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27  If "Yes," describe these new services on Schedule O.  Dot the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, "describe these changes on Schedule O.  Describe the organization or 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.  THE ORGANIZATION IS DESIGNATED A ACCOUNTABLE COMMUNITY OF HEALTH (ACH) BY THE HEALTH CARE AUTHORITY (HCA). THE STATE OF WASHINGTON'S HEALTH CARE AUTHORITY, THE AGRICY OVERSERING ALL NINE STATEWING ACHS, HAS  DEVELOPED THE FOLLOWING KEY FUNCTIONS OF AN ACH:  1. SELECT AND MONITOR MEDICAD DEMONSTRATION TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL  2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION  PROJECTS  3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICALD SERVICES (CMS)  4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED  ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  do (Cade ( |           | DECREASING HEALTH DISPARITIES, IMPROVING EFFICIENCY OF   | HEALTH CARE                   |               |
| 2 Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.  If "Yes," describe these new services on Schedule 0.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves ☑ No If "Yes," describe these changes on Schedule 0.  Discribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 90 (100) and 9010(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.  If Clouds ☐ (Scheduler) ☐ (Sch  |           | DELIVERY, AND EMPOWERING INDIVIDUALS AND COMMUNITIES T   | HROUGH                        |               |
| prior Form 990 or 990 c27  |           | COLLABORATION, INNOVATION, AND COMMUNITY ENGAGEMENT.   |                               |               |
| I' Yes, 'describe these new services on Schedule ().   Did the organization cases conducting, or make symidicant changes in how it conducts, any program services?   | 2         | Did the organization undertake any significant program services during the year which were not listed on the   |                               |               |
| 3 Det the organization cease conducting, or make significant changes in how it conducts, any program services?    Ves X No If Yes, 'describe these changes on Schedule 0  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and reverse, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each organization is considered.  4a (code ) (supposes 370,926.    THE ORGANIZATION IS DESIGNATED A ACCOUNTABLE COMMUNITY OF HEALTH (ACH)  BY THE HEALTH CARE AUTHORITY (HCA). THE STATE OF WASHINGTON'S HEALTH CARE AUTHORITY, THE ACENCY OVERSERING ALL NINE STATEWIDE ACHS, HAS  DEVELOPED THE FOLLOWING KEY FUNCTIONS OF AN ACH:  1. SELECT AND MONITOR MEDICATION DEMONSTRATION TRANSFORMATION PROJECTS  AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL  2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION  PROJECTS  3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICATION SERVICES (CMS)  4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  (b) (Code) (Gapenoses   |           | pnor Form 990 or 990-EZ?   | Yes                           | X No          |
| # "Yes," describe these changes on Schedule O  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) reginarizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  14 (code ) (toporous 3 70, 926. octobring grants of 3   |           | If "Yes," describe these new services on Schedule O.   |                               |               |
| 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversue, if any, for each program service reported.  4a (cote) (expenses  | 3         | •  | es? Yes                       | X No          |
| Section 501(s)(3) and 501(s)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (code) (Expenses \$ 370,926  |           | •  |                               |               |
| 4a (Code) (Expenses \$ 370,926. moleding gards of \$ ) (Recenus \$)  THE ORGANIZATION IS DESIGNATED A ACCOUNTABLE COMMUNITY OF HEALTH (ACH) BY THE HEALTH CARE AUTHORITY (HCA). THE STATE OF WASHINGTON'S HEALTH CARE AUTHORITY, THE AGENCY OVERSEBING ALL NINE STATEWIDE ACHS, HAS DEVELOPED THE FOLLOWING KEY FUNCTIONS OF AN ACH:  1. SELECT AND MONITOR MEDICALD DEMONSTRATION TRANSFORMATION PROJECTS AND ENSURE THAT THE PROJECTS ARE SUCCESSFUL 2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION PROJECTS 3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICALD SERVICES (CMS) 4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4b (Code) (Expenses \$  | 4         |  | • •                           |               |
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| 2. SERVE AS THE SINGLE POINT OF ACCOUNTABILITY FOR TRANSFORMATION PROJECTS 3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) 4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGACEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4b (Code)(Expenses \$  |           |  | ATION PROJECTS                |               |
| PROJECTS  3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)  4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  (code)(Expenses \$   |           |  | MORODIA                       |               |
| 3. BE A DEFINED LEGAL ENTITY IN ORDER TO MEET THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) 4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4b (Code)(Expenses \$   |           |  | NSFORMATION                   |               |
| CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) 4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4b (Code) (Expenses \$  |           |  | TDRWRNING OF MU               | P             |
| 4. HAVE A GOVERNANCE STRUCTURE THAT IS MULTI-SECTOR, HAS BALANCED ENGAGEMENT BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS  4b (Code) (Expenses \$   |           |  | IRBMBNIS OF THE               | <u> </u>      |
| ## BETWEEN HEALTH CARE SYSTEMS AND SOCIAL DETERMINANTS, IS    4b   (Code   ) (Expendes \$   Including grants of \$   ) (Revenue \$   )   |           |  | AC DALAMORD                   | -             |
| 4b (Code) (Expenses \$   |           |  |                               |               |
| 4c (Code) (Expenses \$   | 4b        |  | •                             |               |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 370,926.  | -10       | (Code ) (Expenses \$ including grants of \$ ) (H   | revenue \$                    | —— <i>'</i>   |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 370,926.  |           | · · · · · · · · · · · · · · · · · · ·  |                               |               |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 370,926.  |           |  |                               |               |
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| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 370,926.  | 4c        | (Code) (Expenses \$ including grants of \$ ) (R  | levenue \$                    | )             |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 370,926.  |           |  |                               |               |
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| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 370,926.  |           |  |                               |               |
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| 4e Total program service expenses ► 370,926.   | 4d        |  |                               |               |
|  |           |  |                               |               |
|  | <u>4e</u> | Total program service expenses ► 3 / U , 9 2 b .   |                               | 00 (001       |

732002 11-28-17

### GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

81-2995297

Page 3

# Form 990 (2017) COMMUNITY OF Part IV Checklist of Required Schedules

| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |             | l           |              |
|-----|--|-------------|-------------|--------------|
|     | If "Yes," complete Schedule A  | 1_          | Х           |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2           | X           |              |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |             |             |              |
|     | public office? If "Yes," complete Schedule C, Part I   | 3           |             | X            |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |             |             |              |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4           |             | х            |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |             |             |              |
| •   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5           |             | х            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |             |             |              |
| •   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6           |             | х            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        | <u> </u>    |             |              |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7           |             | х            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     | <del></del> | · · · · · · | <del></del>  |
| 0   |  | 8           |             | х            |
| _   | Schedule D, Part III   | <b>├</b> ゜  |             | 1            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    | 1           |             |              |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?        |             |             | x            |
|     | If "Yes," complete Schedule D, Part IV   | 9           |             |              |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    | ا ا         |             | <b> </b> ₩   |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10          |             | X            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X      |             |             |              |
|     | as applicable  |             |             | l            |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      | ١           |             | <b> </b> ₩   |
|     | Part VI  | 11a         |             | X            |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      | l l         |             | v            |
|     | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  | 11b         |             | X            |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       | l           |             | <sub>V</sub> |
| _   | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII   | 11c         |             | X            |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |             |             | ٠,           |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d         |             | X            |
| e   | Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X            | 11e         |             | X            |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |             |             | ۱            |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f         |             | X            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |             |             | l            |
|     | Schedule D, Parts XI and XII   | 12a         |             | X            |
| ь   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |             |             |              |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b         |             | X            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13          |             | X            |
|     | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a         |             | X            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |             |             |              |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |             |             |              |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b         |             | X            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |             |             |              |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15          |             | X            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |             |             |              |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |             | Х            |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |             |             |              |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17          |             | Х            |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |             |             |              |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18          |             | X            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |             |             | 1            |
|     | complete Schedule G. Part III  | 19          |             | X            |
|     |  | Form        | 990         | (2017)       |
|     |  |             |             |              |

Form 990 (2017) COMMUNITY OF HEALTH

Part IV Checklist of Required Schedules (continued)

|            |   |          | Yes | No            |
|------------|---|----------|-----|---------------|
| 20a        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a      |     | X             |
| b          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b      |     |               |
| 21         | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |          |     |               |
|            | domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II   | 21       |     | X             |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |          |     |               |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       |     | X             |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |          |     |               |
|            | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |          |     |               |
|            | Schedule J  | 23       |     | X             |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |          |     |               |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |          |     |               |
|            | Schedule K If "No", go to line 25a  | 24a      |     | X             |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      |     |               |
| С          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |          |     |               |
|            | any tax-exempt bonds?   | 24c      |     |               |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d      |     |               |
| 25a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |          |     |               |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |     | X             |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |          |     |               |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |          |     |               |
|            | Schedule L, Part I  | 25b      |     | X             |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |          |     |               |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"  |          |     |               |
|            | complete Schedule L, Part II  | 26       |     | X             |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |          |     |               |
|            | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |          |     | ٠,,           |
|            | of any of these persons? If "Yes," complete Schedule L, Part III  | 27       |     | X             |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |          |     |               |
|            | instructions for applicable filing thresholds, conditions, and exceptions)  |          |     | - <del></del> |
| a          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a      |     | X             |
| b          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b      |     |               |
| C          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   | 00-      |     | х             |
| 00         | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c      |     | X             |
| 29<br>30   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29       |     |               |
| 30         | contributions? If "Yes," complete Schedule M  | 30       |     | х             |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?  | 30       |     |               |
| <b>J</b> 1 | If "Yes," complete Schedule N, Part I   | 31       |     | x             |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | <u> </u> |     |               |
| <b>-</b>   | Schedule N, Part II   | 32       |     | x             |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |          |     |               |
|            | sections 301.7701-2 and 301.7701-37 If "Yes." complete Schedule R. Part I   | 33       |     | X             |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |          |     |               |
|            | Part V, line 1  | 34       |     | X             |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      |     | X             |
|            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |          |     |               |
|            | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b      |     |               |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |          |     |               |
|            | If "Yes," complete Schedule R, Part V, line 2   | 36       |     | <u>X</u>      |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |          |     |               |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37       |     | X             |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |          |     |               |
|            | Note. All Form 990 filers are required to complete Schedule O   | 38       | Х   |               |
|            |   | Form     | 990 | (2017)        |

| Par      | t V Statements Regarding Other IRS Filings and Tax Compliance   |             |  | 4              |
|----------|---|-------------|--|----------------|
|          | Check if Schedule O contains a response or note to any line in this Part V  |             |  | $\Box$         |
|          |   |             | Yes  | No             |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 5           |  |                |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | <u> </u>    |  |                |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |             |  | لــــا         |
|          | (gambling) winnings to prize winners?   | 1c          | X  |                |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |             |  |                |
|          | filed for the calendar year ending with or within the year covered by this return   | 5           |  | لــــا         |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b          | Х  | <u> </u>       |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       | ļ           |  | لـــا          |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a          | ļ  | X              |
|          | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                    | 3b          |  | —              |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |             |  |                |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a          | -  | X,             |
| b        | If "Yes," enter the name of the foreign country   |             |  | 1              |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |             | <b> </b>   | ليدا           |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | <u>5a</u>   | <del>                                     </del> | X              |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b          | ├  | X              |
|          | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | <u>5c</u>   | -  | $\vdash$       |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |             |  | <b>.</b>       |
|          | any contributions that were not tax deductible as charitable contributions?   | <u>6a</u>   |  | X              |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            | ۱.,         |  |                |
| _        | were not tax deductible?  | 6b          | <del> </del>                                     | <del></del> -  |
| 7        | Organizations that may receive deductible contributions under section 170(c).   | <del></del> | ·  | $\frac{1}{x}$  |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? |             | +  | <u> </u>       |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          |  | $\vdash$       |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?            | 70          |  | x              |
|          | If "Yes," indicate the number of Forms 8282 filed during the year   | 7c          | <b>-</b>   | <del>  ^</del> |
|          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e          |  | X              |
| e<br>f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f          | <u> </u>   | X              |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g          |  | <del></del>    |
| _        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h          |  | $\overline{}$  |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |             |  |                |
| -        | sponsoring organization have excess business holdings at any time during the year?  | 8           |  |                |
| 9        | Sponsoring organizations maintaining donor advised funds.   |             |  |                |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          |  |                |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b          |  |                |
| 10       | Section 501(c)(7) organizations. Enter  |             |  |                |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |             |  | 1              |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | ]           |  | 1              |
| 11       | Section 501(c)(12) organizations. Enter   |             |  |                |
| а        | Gross income from members or shareholders 11a   |             |  |                |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against  |             |  |                |
|          | amounts due or received from them )   |             |  |                |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a         |  | <u> </u>       |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | ╛           |  | 1              |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |             | <u> </u>   |                |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a         | <u> </u>   |                |
|          | Note. See the instructions for additional information the organization must report on Schedule O  |             |  |                |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the  |             |  |                |
|          | organization is licensed to issue qualified health plans  | 4           |  | 1              |
| C        | Enter the amount of reserves on hand  | ┼           | <u> </u>   | <u> </u>       |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         | <u> </u>   | X              |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b         |  |                |
|          |   | Forr        | n <b>990</b>                                     | (2017)         |

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH Form 990 (2017) 81-2995297 Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 17 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y<u>es</u> No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

#### Section C. Disclosure

taxable entity during the year?

exempt status with respect to such arrangements?

720 W COURT ST., STE. 4, PASCO,

| 17 | List the states with which a copy of this Form 990 is required to be filled NONE  |
|----|---|
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available  |
|    | for public inspection. Indicate how you made these available. Check all that apply  |
|    | Own website Another's website X Upon request Other (explain in Schedule O)  |
| 10 | 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

WA

State the name, address, and telephone number of the person who possesses the organization's books and records CAROL MOSER - (509) 546-8933

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

Form 990 (2017)

X

16a

16b

99301

## 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization n | organization compensate |  |   |               |                                      | sate                            | ed any current officer, d | 1                 |                                  |                          |  |
|--|-------------------------|--|---|---------------|--------------------------------------|---------------------------------|---------------------------|-------------------|----------------------------------|--------------------------|--|
| (A) (B)                                      |                         |  |   |               | <del>)</del>                         |                                 |                           | (D)               | (E)                              | (F)                      |  |
| Name and Title                               | Average                 | (do  | Position<br>(do not check more than one |               |                                      |                                 |                           | Reportable        | Reportable                       | Estimated                |  |
|  | hours per               | box  | , unle<br>ceran                         | ss per<br>dad | rson is both an<br>firector/trustee) |                                 | an<br>tee)                | compensation      | compensation                     | amount of                |  |
|  | week                    | $\vdash$   | T                                       |               |                                      |                                 |                           | from<br>the       | from related                     | other                    |  |
|  | (list any hours for     | individual trustee or director                   |   | •             |                                      |                                 |                           | organization      | organizations<br>(W-2/1099-MISC) | compensation<br>from the |  |
|  | related                 | 9 01 0   | 農                                       | ŀ             |                                      | safec                           |                           | (W-2/1099-MISC)   | (***27 1033 141130)              | organization             |  |
|  | organizations           | truste   | Ę                                       | ļ             | a Ae                                 | m per                           |                           | (1.2.1000 11.100) |                                  | and related              |  |
|  | below                   | qual   | institutional trustee                   |               | Key employee                         | stco                            | <br>  =                   |                   |                                  | organizations            |  |
|  | line)                   | Indivi   | Instit                                  | ОЯпсел        | Key e                                | Highest compensated<br>employee | Former                    |                   |                                  |                          |  |
| (1) MARTIN VALADEZ                           | 1.00                    |  |   |               |                                      |                                 |                           |                   | _                                | _                        |  |
| BOARD PAST PRESIDENT THROUGH 12/31/1         |                         | X  | L                                       | X             | _                                    | <u> </u>                        | _                         | 0.                | 0.                               | 0.                       |  |
| (2) RHONDA HAUFF                             | 1.00                    | l  |   |               |                                      | l .                             |                           |                   |                                  |                          |  |
| BOARD PRESIDENT FROM 12/31/17                | 1 00                    | X  | <b> </b>                                | X             |                                      | <u> </u>                        | <u> </u>                  | 0.                | 0.                               | 0.                       |  |
| (3) JOHN SINCLAIR                            | 1.00                    | ١  |   | l             |                                      |                                 |                           |                   |                                  |                          |  |
| BOARD VICE PRESIDENT                         | 1 00                    | X  | ⊢                                       | X             |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (4) BRIAN GIBBONS                            | 1.00                    | x  |   | х             |                                      |                                 |                           | 0.                | 0.                               | _                        |  |
| BOARD TREASURER (5) MADELYN CARLSON          | 1.00                    | ^  | ├                                       | ₽             |                                      | -                               | _                         | 0.                | 0.                               | 0.                       |  |
| BOARD SECRETARY                              | 1.00                    | x  |   | x             |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (6) CARRIE GREEN                             | 1.00                    | ^  | ┢                                       | <u> </u>      | $\vdash$                             | Н                               |                           | · ·               | 0.                               | ٠.                       |  |
| BOARD DIRECTOR                               | 1.00                    | x  |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (7) DAN FERGUSON                             | 1.00                    | ^  | ┢                                       |               | ⊢                                    | -                               |                           | - 0.              | 0.                               | 0.                       |  |
| BOARD DIRECTOR                               | 1.00                    | X  |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (8) DARLENE DARNELL                          | 1.00                    | <del>                                     </del> |   | $\vdash$      | _                                    |                                 |                           | †                 | •                                | <u> </u>                 |  |
| BOARD DIRECTOR                               | 1100                    | x  |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (9) ED THORNBRUGH                            | 1.00                    | <del></del>                                      |   |               |                                      |                                 |                           |                   | •,•,                             |                          |  |
| BOARD DIRECTOR                               |                         | x  |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (10) LOTTIE SAM                              | 1.00                    |  |   |               |                                      |                                 |                           |                   |                                  |                          |  |
| BOARD DIRECTOR                               |                         | $\mathbf{x}$                                     |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (11) LES STAHLNECKER                         | 1.00                    |  |   |               |                                      |                                 |                           |                   |                                  |                          |  |
| BOARD DIRECTOR                               |                         | X  |   |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (12) LORI BROWN                              | 1.00                    |  |   |               |                                      |                                 |                           |                   |                                  |                          |  |
| BOARD DIRECTOR                               |                         | X  | L                                       |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (13) MEGHAN DEBOLT                           | 1.00                    |  |   |               |                                      |                                 |                           |                   |                                  |                          |  |
| BOARD DIRECTOR                               |                         | X  | _                                       |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (14) RONNI BATCHELOR                         | 1.00                    |  |   |               |                                      |                                 |                           |                   | _                                | _                        |  |
| BOARD DIRECTOR                               |                         | X  | L                                       |               |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (15) SANDRA SUAREZ                           | 1.00                    | 1  |   |               |                                      |                                 |                           |                   | _                                | _                        |  |
| BOARD DIRECTOR                               | 1 22                    | X  |   | L.,           |                                      |                                 |                           | 0.                | 0.                               | 0.                       |  |
| (16) RUBEN ALVARADO                          | 1.00                    | ļ  |   |               |                                      |                                 |                           |                   |                                  | _                        |  |
| BOARD DIRECTOR                               | 4 22                    | X  | <u> </u>                                | L.,           | <u> </u>                             | $\vdash$                        | <u> </u>                  | 0.                | 0.                               | 0.                       |  |
| (17) JULIE PETERSEN                          | 1.00                    | <b> </b>   |   |               |                                      |                                 |                           |                   | _                                |                          |  |
| BOARD DIRECTOR                               | <u> </u>                | X  |   | L             | L                                    |                                 | L                         | 0.                | 0.                               | 0.                       |  |

732007 11-28-17

Form 990 (2017)

| Part VII   Section A. Officers, Directors, Trus  | tees, Key Emp  | loy             | ees,                  | and                     | l Hig          | ghes   | st C    | ompensated Employee                            | s (continued)                                   |        |   |                |
|--|--|-----------------|-----------------------|-------------------------|----------------|--|---------|--|---|--------|---|----------------|
| (A)<br>Name and title  | (B) Average hours per                                      | box             | not c<br>, unle       | Pos<br>heck i<br>ss per | more<br>rson : | than o                                       | n an    | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation               |        | (F)<br>Estimated<br>amount of   |                |
|  | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer                 |                | Highest compensated employee                 |         | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC | )<br>) | other<br>compensa<br>from the<br>organizati<br>and relate<br>organization | e<br>ion<br>ed |
| (18) CAITLIN SAFFORD   | 1.00   | Ī               |                       |                         |                |  |         |  |   |        |   | _              |
| BOARD DIRECTOR (19) CAROL MOSER  | 50.00  | X               | ⊢                     | $\vdash$                | ┝              | ⊢  | ⊢       | 0.   |   | 9.     |   | 0.             |
| EXECUTIVE DIRECTOR   | 30.00  |                 | _                     | х                       |                | _  |         | 100,000.                                       | (   | ٥.     |   | 0.             |
|  |  | <u> </u>        |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 | _                     |                         | _              | _  | _       |  |   |        | -   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  | -  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
| 1b Sub-total   | ·  | _               | <u> </u>              | _                       | ٠              |  | ▶       | 100,000.                                       |   | ٥.     |   | 0.             |
| c Total from continuation sheets to Part VI  | I, Section A   |                 |                       |                         |                |  | ▶       | 0.   |   | 2.     |   | 0.             |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but n  | ot limited to th   | ose             | liste                 | d ab                    | ove            | ) wh   | o re    | 100,000. eceived more than \$100,              |   | ).]    |   | 0.             |
| compensation from the organization   |  |                 |                       |                         |                |  |         |  |   |        | Yes   | 0<br>No        |
| 3 Did the organization list any former officer,  |  | iste            | e, ke                 | y en                    | nplo           | уеө,   | orl     | highest compensated en                         | nployee on                                      | ſ      |   | x              |
| line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su                        | ım of reportabl  |                 |                       |                         |                |  |         |  | ne organization                                 |        | 3   |                |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> |  |                 |                       |                         |                |  |         |  | lual for convece                                | -      | 4   | X              |
| rendered to the organization? If "Yes." com  |  |                 |                       |                         |                |  | Jiak    | ed organization or individ                     |   |        | 5   | х              |
| Section B. Independent Contractors  1 Complete this table for your five highest contractors                          | mponested and  | ono             | ndo                   | at co                   |                | octo   | rc th   | ast received more than \$                      | 100 000 of compo                                | neat   | on from   |                |
| the organization Report compensation for   | •  | •               |                       |                         |                |  |         |  | •   | 1341   |   |                |
| (A) (B) Name and business address NONE Description of services   |  |                 |                       |                         |                |  | ervices | C  | (C)<br>ompensation                              | ı      |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
|  | -  |                 |                       |                         |                |  |         |  |   | -      |   |                |
|  |  |                 |                       |                         |                |  |         |  |   |        |   |                |
| 2 Total number of independent contractors (ii  | _  | ot lin          | nrtec                 | to 1                    | _              |  | ted     | above) who received mo                         | ore than  |        |   |                |
| \$100,000 of compensation from the organiz   | zation >   |                 |                       |                         | 0              | <u>,                                    </u> |         |  |   | -      | Form <b>990</b> (2  | 2017)          |

| Check if Schedule O contains a response or note to any line in the Part VIII  (A)  Total revenue  Related or exempt function everification of   |          |    |    | _                                       | aine a raenonea   | or note to any lir | se in this Part VIII |                            |                    |   |
|---|----------|----|----|---|-------------------|--------------------|----------------------|----------------------------|--------------------|---|
| a Folderated campagns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and significant amounts of included above f All other contributions, gifts, grants, and significant amounts of included above f All other program service revenue g Tatal, Add lines 1a-1f  7 All other program service revenue g Tatal, Add lines 2a-2f d d d d d d d d d d d d d d d d d d d   |          |    |    | Crieck ii Scriedule O Cont              | airis a response  | or note to any iii | (A)                  | Related or exempt function | Unrelated business | from tax under                                    |
| Business Code    Susiness Code  | 20 20    | 1  | а  | Federated campaigns                     | 1a                |                    |                      |                            |                    |   |
| Business Code    Sustance   Susta  | ant      | Ì  |    | • •                                     |                   |                    | 1                    |                            |                    |   |
| Business Code    Susiness Code  | ح ق      |    |    | · ·                                     | <del></del>       |                    | 1                    |                            |                    |   |
| Business Code    Susiness Code  | E        |    |    | •                                       | — —               |                    |                      |                            |                    |   |
| Business Code    Susiness Code  | 2 5      |    |    |   |                   | 170,250.           | 1                    |                            |                    |   |
| Business Code    Susiness Code  | Sign     | l  |    | • ,                                     |                   | •                  | 1                    |                            |                    |   |
| Business Code    Susiness Code  | te ti    |    |    | , , , ,                                 | · I I             | 50,000.            |                      |                            |                    |   |
| Business Code    Susiness Code  | <u> </u> |    | g  | Noncash contributions included in lines | 1a-1f \$          |                    | 1                    |                            |                    |   |
| Business Code    Susiness Code  | 20 2     | ,  | h  | Total. Add lines 1a-1f                  | •                 | <u> </u>           | 6,220,250.           |                            |                    |   |
| Total, Add lines 2a-2f  |          |    |    |   |                   | Business Code      |                      |                            |                    |   |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  8 a Gross income from fundraising events (not including \$  | 9        | 2  | а  |   |                   |                    | ļ                    |                            |                    |   |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  8 a Gross income from fundraising events (not including \$  | ه ڲ      |    | b  |   |                   |                    |                      |                            |                    | <u> </u>  |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  8 a Gross income from fundraising events (not including \$  | S        |    | С  |   |                   |                    |                      |                            |                    |   |
| Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  6 a Gross rents  b Less rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross snoome from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME  9 00099  1, 025.  | ra<br>ev |    | d  |   |                   |                    |                      |                            |                    | <del> </del>                                      |
| Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  6 a Gross rents  b Less rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross snoome from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME  9 00099  1, 025.  | 5,       | 1  | е  |   |                   |                    |                      |                            |                    |   |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.  | Δ.       | i  | •  | , -                                     | nue               |                    |                      |                            |                    | <del>                                     </del>  |
| other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 6 Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  MISCELLANEOUS INCOME 900099 1,025.  |          |    | 9  | -                                       |                   |                    |                      |                            | <del></del>        | <u> </u>  |
| 1   |          | 3  |    |   | dividends, intere | _                  | 29 535               |                            |                    | 28 535  |
| For Royalties    Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 19   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported on line 1c). See Part IV, line 18   Contributions reported   |          |    |    | •                                       |                   | -                  | 20,333.              |                            |                    | 20,333.   |
| (i) Personal   (ii) Personal   (ii) Personal   (iii) Pe    |          | ı  |    |   | k-exempt bond p   | oroceeas           |                      |                            |                    | <del>                                     </del>  |
| 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales sepnses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a MISCELLANEOUS INCOME 900099 1,025.  |          | 3  |    | noyallies                               | (i) Pool          | (ii) Personal      |                      |                            |                    | <u> </u>  |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ cross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a MISCELLANEOUS INCOME  9 0 0 0 9 9 1, 0 2 5.  |          | _  | -  | Grace rente                             | ly rieal          | (ii) Fersonai      | †                    |                            |                    |   |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$   |          | 1  | _  |   |                   |                    | 1                    |                            |                    | 1   |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME  (i) Securities (ii) Other  (iii) Other  (iii) Other  (iv) O |          | ı  |    | ·                                       |                   |                    | 1                    |                            |                    | 1   |
| 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$   |          | ı  |    | ` '                                     |                   | <b>•</b>           |                      |                            |                    |   |
| assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$   |          |    |    | , ,                                     | (i) Securities    | (iı) Other         |                      |                            |                    |   |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$   |          |    |    |   |                   |                    | ]                    |                            |                    |   |
| C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.  1 1,025.   |          |    | b  | Less cost or other basis                |                   |                    |                      | ı                          |                    |   |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS INCOME  900099  1,025.   |          |    |    | and sales expenses                      |                   |                    | ]                    |                            |                    |   |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |          |    | С  | Gain or (loss)                          |                   | <u> </u>           |                      |                            |                    | .   |
| Including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.  |          |    | d  | Net gain or (loss)                      |                   |                    |                      |                            |                    | <u> </u>  |
| Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.   | <u>o</u> | 8  | а  |   | _                 | •                  |                      |                            |                    |   |
| Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.   | e n      |    |    |   |                   |                    |                      |                            |                    |   |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.   |          | 1  |    |   | 1c). See          |                    |                      |                            |                    |   |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.   | ē        |    |    |   |                   |                    | -                    |                            |                    | 1   |
| 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME  900099 1,025.  | 8        | l  |    | •                                       |                   |                    | <del> </del>         |                            |                    | <del></del> -                                     |
| Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME b 1,025.   |          |    |    |   | _                 |                    |                      |                            |                    | <del>                                     </del>  |
| b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.  |          | "  | d  |   |                   |                    |                      |                            |                    | ]   |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.   |          |    | h  |   |                   |                    | †                    |                            |                    |   |
| 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025.  |          | 1  |    | •                                       | •                 | <b>•</b>           |                      | <del></del>                | · <del>-</del>     | \ <del></del>                                     |
| and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME  900099 1,025.  1,025.   |          | •  |    | · · · · · · · · · · · · · · · · · · ·   | -                 |                    |                      |                            |                    | 1   |
| C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a MISCELLANEOUS INCOME 900099 1,025. 1,025.  |          |    |    | •                                       |                   |                    |                      |                            |                    | 1   |
| Miscellaneous Revenue Business Code  11 a MISCELLANEOUS INCOME 900099 1,025. 1,025.   |          |    | ь  | Less cost of goods sold                 | b                 | -                  |                      |                            |                    |   |
| 11 a MISCELLANEOUS INCOME 900099 1,025. 1,025.  |          |    | С  | Net income or (loss) from sale          | s of inventory    | <u> </u>           |                      |                            |                    |   |
| b   |          | _  |    |   |                   |                    |                      |                            |                    |   |
|   |          | 11 | а  | MISCELLANEOUS I                         | NCOME             | 900099             | 1,025.               |                            |                    | 1,025.  |
|   |          |    | b  |   |                   |                    |                      |                            |                    | <del> </del>                                      |
|   |          |    | С  |   |                   |                    | ļ- —-                |                            |                    | <del>                                      </del> |
| d All other revenue   |          |    | _  |   |                   | L                  | 1 005                |                            |                    | <del>                                     </del>  |
| e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1 1,025.  1 29,560.  |          | ا  | е  |   |                   |                    |                      |                            |                    | 20 540  |
| 12       Total revenue. See instructions.       ▶ 6,249,810.       0.       0.       29,560.         732009 11-28-17       Form 990 (2017)  | 7000     | •  | 00 |   |                   | <u> </u>           | U, 447, 01U.         | U .                        |                    | <del></del>                                       |

Form 990 (2017) COMMUNITY OF HEALTH
Part IX Statement of Functional Expenses

|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|---------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1       | Grants and other assistance to domestic organizations  | ·                     |                              |                                     |                                |
|         | and domestic governments. See Part IV, line 21   |                       |                              |                                     |                                |
| 2       | Grants and other assistance to domestic  |                       |                              |                                     |                                |
|         | ındıvıduals. See Part IV, line 22  |                       |                              |                                     |                                |
| 3       | Grants and other assistance to foreign   |                       |                              |                                     |                                |
|         | organizations, foreign governments, and foreign  |                       |                              |                                     |                                |
|         | individuals. See Part IV, lines 15 and 16  |                       | -:· ·-                       |                                     |                                |
| 4       | Benefits paid to or for members  |                       |                              |                                     |                                |
| 5       | Compensation of current officers, directors,   | 04 027                | 72 077                       | 11 060                              |                                |
| _       | trustees, and key employees  | 84,937.               | 73,077.                      | 11,860.                             |                                |
| 6       | Compensation not included above, to disqualified   |                       |                              |                                     |                                |
|         | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                |
| _       | persons described in section 4958(c)(3)(B)   | 164,946.              | 39,448.                      | 125,498.                            |                                |
| 7       | Other salaries and wages   | 104,540.              | 33,440.                      | 123,490.                            |                                |
| 8       | Pension plan accruals and contributions (include   |                       |                              |                                     |                                |
| •       | section 401(k) and 403(b) employer contributions)  Other employee benefits   | 5,152.                | 2,318.                       | 2,834.                              |                                |
| 9<br>10 | Payroll taxes  | 19,466.               | 8,760.                       | 10,706.                             |                                |
| 11      | Fees for services (non-employees)  | 10,100.               | 0,7001                       | 10,700.                             |                                |
|         | Management   |                       |                              |                                     |                                |
| a<br>b  | Legal  | 682.                  | 682.                         |                                     |                                |
| c       | Accounting   | 13,898.               | 13,898.                      |                                     |                                |
|         | Lobbying   |                       | ,                            |                                     |                                |
| e       | Professional fundraising services. See Part IV, line 17  |                       |                              |                                     |                                |
| f       | Investment management fees   | -                     |                              |                                     |                                |
| g       |  |                       |                              |                                     |                                |
| 9       | column (A) amount, list line 11g expenses on Sch O.)   | 204,608.              | 194,165.                     | 10,443.                             |                                |
| 12      | Advertising and promotion  | 1,930.                | 1,930.                       |                                     |                                |
| 13      | Office expenses  | 16,961.               | 14,552.                      | 2,409.                              |                                |
| 14      | Information technology   |                       |                              |                                     |                                |
| 15      | Royalties  |                       |                              |                                     |                                |
| 16      | Occupancy  | 10,444.               | 10,444.                      |                                     |                                |
| 17      | Travel   |                       |                              |                                     |                                |
| 18      | Payments of travel or entertainment expenses   |                       |                              |                                     |                                |
|         | for any federal, state, or local public officials  |                       |                              |                                     |                                |
| 19      | Conferences, conventions, and meetings   | 11,652.               | 11,652.                      |                                     |                                |
| 20      | Interest   |                       |                              |                                     |                                |
| 21      | Payments to affiliates   |                       | <u></u>                      |                                     |                                |
| 22      | Depreciation, depletion, and amortization  |                       |                              |                                     |                                |
| 23      | Insurance  | 3,332.                |                              | 3,332.                              |                                |
| 24      | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       | _                            |                                     | -                              |
| а       | OTHER EXPENSES   | 35,355.               |                              | 35,355.                             |                                |
| b       | OPERATIONAL EXPENSES   | 24,877.               |                              | 24,877.                             | ·                              |
| c       |  | ,                     |                              | ·                                   |                                |
| d       |  |                       |                              |                                     |                                |
|         | All other expenses   |                       |                              |                                     |                                |
| 25      | Total functional expenses. Add lines 1 through 24e   | 598,240.              | 370,926.                     | 227,314.                            | 0 .                            |
| 26      | Joint costs. Complete this line only if the organization   |                       | ,                            |                                     |                                |
|         | reported in column (B) joint costs from a combined   |                       |                              |                                     |                                |
|         | educational campaign and fundraising solicitation.   |                       | l                            |                                     |                                |
|         | Check here ff following SOP 98-2 (ASC 958-720)   |                       | ļ                            |                                     |                                |

732010 11-28-17

Form 990 (2017)

COMMUNITY OF HEALTH Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 1 462,912. 6,120,419. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 462,912. 6,120,419. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,493. 7,430. Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,493. 7,430. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Ō. Ō. 30 Net Assets 30 Capital stock or trust principal, or current funds 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 6,112,989. 461,419. 32 32 Retained earnings, endowment, accumulated income, or other funds 6,112,989. 461,419 33 Total net assets or fund balances

> 6,120,419. Form 990 (2017)

462,912.

Total liabilities and net assets/fund balances

| Form | 990 (2017) COMMUNITY OF HEALTH  | RT-     | - 29952 | 197    | Page 12      |
|------|---|---------|---------|--------|--------------|
|      | rt XI Reconciliation of Net Assets  |         |         |        |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |         |         |        |              |
|      |   |         |         |        |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 6,      |        | <u>,810.</u> |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       |         |        | ,240.        |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3       | 5 ,     |        | <u>,570.</u> |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4       |         | 461    | <u>,419.</u> |
| 5    | Net unrealized gains (losses) on investments  | 5       |         |        |              |
| 6    | Donated services and use of facilities  | 6       |         |        |              |
| 7    | Investment expenses \   | 7       |         |        |              |
| 8    | Prior period adjustments  | 8       |         |        |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |         |        | 0.           |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                   |         |         |        |              |
|      | column (B))   | 10      | 6,      | 112    | <u>,989.</u> |
| Pa   | t XII Financial Statements and Reporting  |         |         |        |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |         |         |        |              |
|      |   |         | _       |        | es No        |
| 1    | Accounting method used to prepare the Form 990 X Cash Accrual Other   |         |         |        | 1 1          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.      |         |        |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |         | L       | 2a     | X            |
|      | 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   |         |         |        | 1            |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         |         | _      | _            |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |         | L       | 2b     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basis,  |         |        |              |
|      | consolidated basis, or both   |         |         |        |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         |         |        | -            |
| ¢    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audıt,  |         |        |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |         |         | 2c     | Щ.           |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O  |         |        | 1            |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | irt     | -      |              |
|      | Act and OMB Circular A-133?   |         | L       | 3a     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red aud | ıt      |        |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |         |         | 3b     |              |
|      |   |         |         | Form 9 | 90 (2017)    |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH 81-2995297 Part T 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. \_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY OF HEALTH

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 539,598. 6220250. 6759848. include any "unusual grants") 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 539,598. 6220250. 6759848. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6759848. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (e) 2017 (f) Total 539,598 6220250 6759848. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 1,380. 28,535. 29,915. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 1,025. 1,025. assets (Explain in Part VI) 6790788. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  $\mathbf{X}$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 <u>%</u>

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

16a 33 1/3% support test - 2017. 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 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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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.)

| Sec         | ction A. Public Support   | ciow, picase comp           | ioto i art ii j       |                         |  | · · · · · ·            |              |  |  |  |
|-------------|---|-----------------------------|-----------------------|-------------------------|--|------------------------|--------------|--|--|--|
| Cale        | ndar year (or fiscal year beginning in)   | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015                | (d) 2016   | (e) 2017               | (f) Total    |  |  |  |
| 1           | Gifts, grants, contributions, and   |                             |                       |                         |  |                        |              |  |  |  |
|             | membership fees received. (Do not   |                             |                       |                         |  |                        |              |  |  |  |
|             | include any "unusual grants.")  |                             |                       |                         |  |                        |              |  |  |  |
| 2           | Gross receipts from admissions,   |                             |                       |                         |  |                        |              |  |  |  |
|             | merchandise sold or services per-   |                             |                       |                         |  |                        |              |  |  |  |
|             | formed, or facilities furnished in  |                             |                       |                         |  |                        |              |  |  |  |
|             | any activity that is related to the<br>organization's tax-exempt purpose  |                             |                       |                         |  |                        |              |  |  |  |
| 2           | Gross receipts from activities that   |                             |                       |                         | <u> </u>   |                        |              |  |  |  |
| 3           | are not an unrelated trade or bus-  |                             |                       |                         |  |                        |              |  |  |  |
|             |   |                             |                       | İ                       |  |                        |              |  |  |  |
|             | iness under section 513   |                             | _                     |                         | <del>                                     </del> | 4                      |              |  |  |  |
| 4           | Tax revenues levied for the organ-  |                             |                       |                         |  |                        |              |  |  |  |
|             | zation's benefit and either paid to   |                             |                       |                         |  |                        |              |  |  |  |
|             | or expended on its behalf   |                             |                       |                         |  |                        |              |  |  |  |
| 5           | The value of services or facilities   |                             |                       |                         | 1/   |                        |              |  |  |  |
|             | furnished by a governmental unit to   |                             |                       |                         | /  |                        |              |  |  |  |
|             | the organization without charge   |                             |                       |                         |  |                        |              |  |  |  |
| 6           | Total. Add lines 1 through 5  |                             |                       |                         |  |                        |              |  |  |  |
|             | Amounts included on lines 1, 2, and   |                             |                       |                         |  |                        |              |  |  |  |
|             | 3 received from disqualified persons  |                             |                       |                         |  |                        |              |  |  |  |
| t           | Amounts included on lines 2 and 3 received  |                             |                       |                         |  | 1                      |              |  |  |  |
|             | from other than disqualified persons that   |                             |                       | 1                       |  |                        |              |  |  |  |
|             | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year   |                             |                       | 1                       |  |                        |              |  |  |  |
|             | : Add lines 7a and 7b   |                             |                       |                         | <del>                                     </del> |                        |              |  |  |  |
|             |   |                             |                       | <del> </del>            | +  |                        |              |  |  |  |
|             | Public support. (Subtract line 7c from line 6)  |                             |                       |                         | <u> </u>   | 1                      |              |  |  |  |
|             |   | 4 ) 0040                    | (1) 0044              | 1 4-3 0045              | / J) 0016  | (-) 0047               | /0 T-1-1     |  |  |  |
|             | ndar year (or fiscal year beginning in)   | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015                | (d) 2016   | (e) 2017               | (f) Total    |  |  |  |
| -           | Amounts from line 6   | /-                          |                       | <del> </del>            | +  | +                      |              |  |  |  |
| 102         | Gross income from interest, dividends, payments received on   |                             |                       |                         |  |                        |              |  |  |  |
|             | securities loans, rents, royalties,   |                             |                       |                         |  |                        |              |  |  |  |
|             | and income from similar sources   |                             |                       |                         |  |                        |              |  |  |  |
| k           | Unrelated business taxable income   | /                           |                       | 1                       |  |                        |              |  |  |  |
|             | (less section 511 taxes) from businesses  | /                           |                       |                         |  |                        |              |  |  |  |
|             | acquired after June 30, 1975  | /                           |                       |                         |  |                        |              |  |  |  |
| (           | : Add lines 10a and 10b   |                             |                       |                         |  |                        |              |  |  |  |
| 11          | Net income from unrelated business  |                             |                       |                         |  |                        |              |  |  |  |
|             | activities not included in line 10b,  |                             |                       |                         |  |                        |              |  |  |  |
|             | whether or not the business is' regularly carried on  |                             |                       |                         |  |                        |              |  |  |  |
| 12          | Other income. Do not include gain   |                             |                       |                         | 1  |                        |              |  |  |  |
| -           | or loss from the sale of çápıtal  |                             |                       | 1                       | 1  |                        |              |  |  |  |
| 42          | assets (Explain in Part VI)   |                             |                       |                         | +  | †                      |              |  |  |  |
|             | Total support. (Add lines 9, 10c, 11, and 12)   | r the eventuation's         | frot oppored the      | d fourth or fifth t     | ay year as a section                             | n F01(a)(2) arganize   | <u></u>      |  |  |  |
| 14          | First five years. If the Form 990 is fo   | r the organization s        | s iirst, secona, tnir | a, lourth, or little to | ax year as a secuc                               | n 50 i (c)(s) organiza | ation,       |  |  |  |
| 60          | check this box and stop here ction C. Computation of Publi  | is Support Dar              | contago               |                         |  |                        |              |  |  |  |
|             |   |                             |                       | 1 (0)                   |  | 145                    |              |  |  |  |
|             | Public support percentage for 2017 (  |                             | •                     | olumn (f))              |  | 15                     | <u>%</u>     |  |  |  |
|             | Public support percentage from 2016   |                             |                       | -                       | _  | 16                     | <u>%</u>     |  |  |  |
| Se          | ction D. Computation of Inves   | stment Income               | Percentage            |                         |  | <del></del>            |              |  |  |  |
| 17          | Investment income percentage for 26   | <b>017</b> (line 10c, colur | nn (f) divided by lii | ne 13, column (f))      |  | 17                     | <u>%</u>     |  |  |  |
| 18          | Investment income percentage from   | 2016 Schedule A,            | Part III, line 17     |                         |  | 18                     | %            |  |  |  |
| 19a         | 33 1/3% support tests - 2017. If the  | organization did n          | ot check the box      | on line 14, and line    | e 15 is more than                                | 33 1/3%, and line 1    | 7 is not     |  |  |  |
|             | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                      |                             |                       |                         |  |                        |              |  |  |  |
| ŧ           | 5 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and |                             |                       |                         |  |                        |              |  |  |  |
| - 1         | 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   |                             | •                     | •                       |  |                        |              |  |  |  |
| <del></del> |   |                             |                       |                         |  | adule A /Form 99/      | 000 E7) 2017 |  |  |  |

### Part IV | Supporting Organizations

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

| Section A | A. All | Supporting | <b>Organizations</b> |
|-----------|--------|------------|----------------------|
|-----------|--------|------------|----------------------|

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

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10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

| 11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.  Section B. Type I Supporting Organizations   |     |  | 81-299529          | / Pa | <u>age 5</u> |
|---|-----|--|--------------------|------|--------------|
| 11 Has the organization accepted a gift or controllution from any of the following persons?  A Apersion who directly or indirectly controls, either allow or together with persons described in (b) and (c) below, the governing body of a supported organization?  A ASSI controlled entity of a person described in (a) or (b) above?  A ASSI controlled entity of a person described in (a) or (b) above?  A ASSI controlled entity of a person described in (a) or (b) above?  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organization of controlled the organizations and what conditions or restrictions, if any, applied to supported organization and what conditions or restrictions, after, applied to such powers during disripation, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, faring, applied to such powers during that system.  2 Did the organization operate for the brieff of any supported organization of the than the supported organization and what conditions or restrictions, faring, applied to such powers during that system.  Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the supported organization of the supported organization's tax year. (s) a copy of the Form SiO that was most recently filed as of the date of notification, and (s) copies of the organization is supported organization in the supported organization's governing documents in effect on the date of notification, in th  | Pai | t IV   Supporting Organizations (continued)  |                    | V    | l Na         |
| a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (ii) below, the governing body of a supported organizations  b A family member of a person described in (ii) atowa?  c A 35% controlled entitly of a person described in (ii) or (ii) above? 'i' "Yes" (ii) a. b. or c. growde detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, frustees, 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 no Part VI how the supported organization, described the powers to appoint and/or arrowing effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, described in the powers to appoint and/or arrowing effections or directions or trustees are all casted and may be supported organization.  2 Did the organization operated for the benefit of any appointed organization other than the supported organization or a part VI how provinging such benefit camed out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit camed out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit camed out the purposes of the supported organization or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organizations, by the list day of the fifth month of the organization is usually as a proposed organization, by the supported organization is powered documents in effect on the date of notification, to the extent high organization is very supported organization is   | 44  | Has the erganization accepted a cuft or contribution from any of the following persons?                            |                    | Yes  | No           |
| below, the governing body of a supported organization?  b A family member of a person described in (s) or (b) above?  c A 55% controlled entity of a person described in (s) or (b) above? // "Yes" (a.a.b. or c. provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of electors or trustees at all times during the tax year? // "Yes," escale in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organization of electors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, and, supported organization organization, and what conditions or restrictions, and, supported organization organization in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supported organizations or controlled the supported organization(s) that operated, supported organizations.  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 organizations.  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 organizations.  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 directors or trustees of each of the org  |     |  |                    |      |              |
| b A Amily member of a person described in (g) above?  A 35% controlled entity of a person described in (g) or (b) above?  It vest to a. b. or c. proyde detail in Part VI.  11c  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations developed organizations have the power to regularly appoint or elect at least a majority of the organizations developed organizations during the tax year?  1 The Organization's activities if the organization of deficiency operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were alliciated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization other than the supported organizations organization and providing such benefit camed out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization will the supported organization will be supported organization or trustees of each of the organization will be supported organization be a supported organization or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organizations by the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed this supported organization or supported organization by a supported organization by a supported organization by  | 4   |  | 11a                |      |              |
| Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization organization dragnization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and war or controlled the organization and more and the organization and more organizations and what conditions or restrictions, if any, applied to such powers diampted organization and the organization organization or restrictions, if any, applied to such powers diampted the supported organization organizations and controlled the supported organization organizations.  1 Were a majority of the organization organizations.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization or discussion or trustees of each of the organization or discussion or trustees and mount of support provided during the prior tax year, (i) a vortice of the discussion of the discussion of the organization or tax year, (i) a vortice organization or the supported organization or supported organiz  | b   |  |                    |      |              |
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year "It "","," describe in Part VI how the supported organization of effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year "I supported organization of the thin the supported organization such benefit carried out the purposes of the supported organization of the thin the supported organization (s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the thin of the organization such benefit carried out the purposes of the supported organization of the vices."  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization of vas vested in the supported organization or unsafering organization's supported organization or supported organization and (s) or the organization or supported organization and (s) or the organization or supported organization organization organization organization organization or supported organization supported organization supported organization or supported or  |     | •  | <del></del>        |      |              |
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization activities of the organization and the organization and the organization and increases are effected directors or trustees were effected arong the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year   |     |  |                    |      |              |
| repularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? // 'No,' describe // Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization and what controlled the supporting organization? // '/''.es,' 'explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supporting organization? // '/''.es,' 'explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supporting organizations.  Section C. Type II Supporting Organizations  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 was vested in the same persons that controlled or managed the supported organization's supported organization was vested in the same persons that controlled or managed the supported organization's supported organization was vested in the same persons that controlled or managed the supported 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 \$90 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 should 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 effectively of the supported organization's was provided organ |     |  |                    | Yes  | No           |
| tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations is then organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1  2 Did the organization operated for the benefit of any supported organization of the tax year organization of the providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of seach of the organization's directors or trustees of seach of the organization's directors or trustees of seach of the organization's directors or trustees during the tax year also a majority of the directors or trustees of seach of the organization's usupported organization(s)? If 'No,' describe in Part VI how control or managed the supporting Organization was vested in the same persons that controlled or managed the supported organization or trustees of seach of the organizationis.  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 inclined the supported organizations of the distribution of the composition o  | 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                |                    |      |              |
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| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below  b The organization is the parent of each of its supported organizations. Complete line 3 below  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's 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 constituted substantially all of its activities  b Did the organization was position that its supported organizations, and how the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization have the power to regularly appoint or elect a majority of the  |     |  | 1                  |      |              |
| organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)  3 By reason of the relationship described in (2), did the organization's supported organization's involvement, significant voice in the organization's invostment policies, and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization is the parent of each of its supported organizations.  Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test Answer (a) and (b) below.  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 to those supported organization determined that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in these activities but for the organizations Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide defails in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | 2   |  |                    |      |              |
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| Section E. Type III Functionally Integrated Supporting Organizations  1   |     | significant voice in the organization's investment policies and in directing the use of the organization's         |                    |      |              |
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| trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |     |  | ]                  |      |              |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | 4   |  | 3a                 |      |              |
|   | b   |  |                    |      |              |
|   |     |  | 3b                 |      |              |

|      | dule A (Form 990 or 990-EZ) 2017 COMMUNITY OF HEALTH                            |               |                            | 81-2995297 Page 6               |
|------|---|---------------|----------------------------|---------------------------------|
| Pa   | - Type in their Functionally integrated design of personal                      |               |                            |                                 |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | -             |                            | Part VI.) See instructions. All |
|      | other Type III non-functionally integrated supporting organizations must c      | omplete Se    | ections A through E.       |                                 |
| Sect | on A - Adjusted Net Income  |               | (A) Prior Year             | (B) Current Year<br>(optional)  |
| 1    | Net short-term capital gain   | 1             |                            |                                 |
| 2    | Recoveries of prior-year distributions  | 2             |                            |                                 |
| 3    | Other gross income (see instructions)   | 3             |                            |                                 |
| 4    | Add lines 1 through 3   | 4             |                            |                                 |
| _5   | Depreciation and depletion  | 5             |                            |                                 |
| 6    | Portion of operating expenses paid or incurred for production or                |               |                            |                                 |
|      | collection of gross income or for management, conservation, or                  |               |                            |                                 |
|      | maintenance of property held for production of income (see instructions)        | 6             |                            |                                 |
| 7    | Other expenses (see instructions)   | 7             | =                          |                                 |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8             |                            |                                 |
| Sect | ion B - Minimum Asset Amount  |               | (A) Prior Year             | (B) Current Year<br>(optional)  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |               |                            |                                 |
|      | instructions for short tax year or assets held for part of year)                |               | +                          |                                 |
| a    | Average monthly value of securities   | 1a            |                            | <u> </u>                        |
| ь    | Average monthly cash balances   | 1b            |                            |                                 |
| С    | Fair market value of other non-exempt-use assets                                | 1c            |                            |                                 |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d            |                            |                                 |
| е    | Discount claimed for blockage or other  |               |                            |                                 |
|      | factors (explain in detail in Part VI)  | <u> </u>      |                            | •                               |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2_            |                            |                                 |
| 3    | Subtract line 2 from line 1d  | 3             |                            |                                 |
| 4    | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,     |               | · · · · · ·                |                                 |
|      | see instructions)   | 4             |                            |                                 |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5             |                            |                                 |
| 6    | Multiply line 5 by 035  | 6             |                            |                                 |
| 7    | Recoveries of prior-year distributions  | 7             |                            |                                 |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8             |                            | ``                              |
| Sect | ion C - Distributable Amount  |               |                            | Current Year                    |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1             |                            |                                 |
| 2    | Enter 85% of line 1   | 2             |                            |                                 |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3             |                            |                                 |
| 4    | Enter greater of line 2 or line 3   | 4             |                            |                                 |
| 5    | Income tax imposed in prior year  | 5             |                            |                                 |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |               |                            |                                 |
|      | emergency temporary reduction (see instructions)                                | 6             |                            |                                 |
| 7    | Check here if the current year is the organization's first as a non-functional  | ally integrat | ed Type III supporting org | anization (see                  |
|      | instructions)   |               |                            | <u>-</u>                        |

Schedule A (Form 990 or 990-EZ) 2017

GREATER COLUMBIA ACCOUNTABLE Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY OF HEALTH 81-2995297 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a l **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions. 7 Excess distributions carryover to 2018. Add lines 3 and 4c Breakdown of line 7 a Excess from 2013

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b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

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|--|---|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a o 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 I, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b, Part V, Inne 1, Part IV, Inne 1 and Innes Iv, | r 17b, Part III, line 12,<br>1 and 2, Part IV, Section C, |
| Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions)  | onal information  |
| PART II, SHORT YEAR EXPLANATION:   |   |
| THE TAXPAYER IS FILING A SHORT YEAR TAX RETURN FOR THE YEAR  | ENDED   |
| DECEMBER 31, 2017 DUE TO A CHANGE IN ACCOUNTING PERIOD.  |   |
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

GREATER COLUMBIA ACCOUNTABLE

COMMUNITY OF HEALTH

OMB No 1545-0047 Open to Public Inspection

**Employer identification number** 81-2995297

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |
|--|
| FROM NINE COUNTIES AND THE YAKAMA NATION IN EASTERN AND CENTRAL  |
| WASHINGTON REPRESENTING A VARIETY OF SECTORS WITH A COMMON INTEREST IN   |
| IMPROVING POPULATION HEALTH. BY ADDRESSING THE SOCIAL DETERMINANTS,  |
| ACCESS TO CARE, AND CARE COORDINATION, THE ORGANIZATION IS DRIVEN TO   |
| REDUCE DUPLICATION OF SERVICES, IDENTIFY GAPS IN THE SYSTEM, IMPROVE   |
| CARE COORDINATION, AND IMPLEMENT EVIDENCED BASED PROGRAMS AND SERVICES   |
| THAT ADDRESS PRIORITY HEALTH ISSUES. THE BOARD OF DIRECTORS REPRESENT  |
| 17 SECTORS RELATED TO HEALTH AND MEETING ON A MONTHLY BASIS TO GUIDE   |
| THE WORK OF THE ORGANIZATION. THE LEADERSHIP COUNCIL IS A BROADER BASE   |
| OF SUBJECT MATTER EXPERTS AND INTERESTED COMMUNITY MEMBERS WHO   |
| CONTRIBUTE TO THE VARIOUS COMMITTEES AND PROJECT TEAMS, ORGANIZED  |
| AROUND SPECIFIC HEALTH ISSUES.   |
| · · · · · · · · · · · · · · · · · · ·  |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  |
| TRANSPARENT, AND DEMONSTRATES EFFECTIVE DECISION MAKING PROCESSES.   |
| 5. DEMONSTRATE REGIONAL PARTNERSHIPS THROUGH LETTERS OF UNDERSTANDING  |
| GUIDED BY YEARLY CONTRACTS WITH THE HCA, ACHS WERE REQUIRED TO DEVELOP   |
| AND IMPLEMENT A REGIONAL HEALTH IMPROVEMENT PLAN DURING 2017, AND  |
| IMPLEMENT AT LEAST ONE REGIONAL HEALTH IMPROVEMENT PROJECT AS A PILOT  |
| PROJECT.   |
|  |
| MEDICAID WAIVER PROJECT APPROVED JANUARY 9, 2017   |
| ON JANUARY 9, 2017 THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)  |
| APPROVED WASHINGTON'S REQUEST FOR A NEW FIVE-YEAR MEDICAID   |
| DEMONSTRATION PROJECT. THE DEMONSTRATION HYPOTHESIS WILL TEST WHETHER  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) |
| 732211 09-07-17  |

| Schedule O (Form 990 or 990-EZ) (2017)                                    | Page 2                                      |
|---|---|
| Name of the organization GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH | Employer identification number 81 – 2995297 |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                  |   |
| OTHER PROGRAM EXPENSES:   |   |
| PROGRAM SERVICE EXPENSES  | 194,165.                                    |
| MANAGEMENT AND GENERAL EXPENSES   | 0.  |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 194,165.                                    |
| ADMINISTRATIVE EXPENSE:   |   |
| PROGRAM SERVICE EXPENSES  | 0.  |
| MANAGEMENT AND GENERAL EXPENSES   | 10,443.                                     |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 10,443.                                     |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A                    | 204,608.                                    |
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COMMUNITY-BASED COLLABORATIONS (ACHS) THAT DEFINE COMMUNITY HEALTH

NEEDS CAN:

- 1. SUPPORT REDESIGNED CARE DELIVERY
- 2. EXPAND HEALTH SYSTEM CAPACITY
- 3. IMPROVE INDIVIDUAL AND POPULATION HEALTH OUTCOMES RESULTING IN A

  REDUCTION IN THE USE OF AVOIDABLE INTENSIVE SERVICES, A REDUCTION IN

  USE OF INTENSIVE SERVICE SETTINGS, BRINGING SPENDING GROWTH BELOW

  NATIONAL TRENDS, AND ACCELERATING VALUE-BASED PAYMENT REFORM.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR THEN REVIEWED AND APPROVED BY THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT

COULD GIVE RISE TO A CONFLICT. IF A CONFLICT OF INTEREST ARISES IT IS

SUBJECT TO REVIEW AND IS DISCUSSED AT THE MONTHLY BOARD MEETINGS. A PERSON

MAY NOT VOTE ON A TRANSACTION IN WHICH THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

SALARY IS SUBJECT TO APPROVAL YEARLY BY THE BOARD OR COMPENSATION COMMITTEE

AND IS DETERMINED USING SALARY SURVEYS OF LIKE POSITIONS IN THE HEALTHCARE

MARKET IN LOCAL AREA.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.