

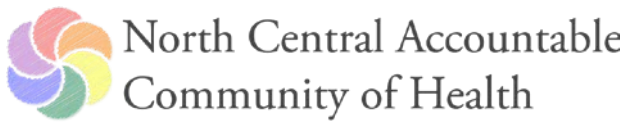
Governing Board Executive Session & Board Meeting
1:00 PM–3:30 PM, August 3rd, 2020

Location <i>Virtual Meeting Only</i>	Call-in Details Conference Dial-in Number: (669) 900 6833 Meeting ID: 568 190 9332 One tap mobile: +16699006833,,5681909332# Join Zoom Meeting: https://zoom.us/j/5681909332
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Blake Edwards <ul style="list-style-type: none"> Board Roll Call Declaration of Conflicts 		<ul style="list-style-type: none"> Agenda, Acronyms & Decision Funds Flow Chart 	<i>1-4</i>
1:10 PM	Executive Session <ul style="list-style-type: none"> To discuss nominations to the Board 			
1:40 PM	Public meeting resumes <ul style="list-style-type: none"> Zoom Etiquette Approve Consent Agenda Public Comment 	<ul style="list-style-type: none"> Approval of Consent Agenda 	<ul style="list-style-type: none"> Consent Agenda <ul style="list-style-type: none"> Minutes 	<i>5-6</i>
2:10 PM	NCACH Finance Update – Brooklyn Holton <ul style="list-style-type: none"> 2019 – 990 form 		<ul style="list-style-type: none"> Monthly Financial Report 2019 – 990 document 	<i>7-10 11-37</i>
2:20 PM	Executive Director Update – Linda Parlette		<ul style="list-style-type: none"> Executive Director Report 	<i>38</i>
2:30 PM	Board Nominations – Blake Edwards <ul style="list-style-type: none"> FQHC Seat – postponed Public Health Seat – Nominee form attached Okanogan CHI Seat - Pending nominating committee review 	<ul style="list-style-type: none"> Approval of Public Health sector seat 	<ul style="list-style-type: none"> Board decision form – Public Health seat 	<i>39-40</i>
2:50 PM	NCACH Staff Updates <ul style="list-style-type: none"> CHI Initiative Funding – Sahara Suval Telehealth presentation – Wendy Brzezny 	<ul style="list-style-type: none"> Approval of CHI Initiative Funding process update 	<ul style="list-style-type: none"> Board decision form – CHI Initiative Funding Process Attachment – 2020 CHI Initiative Funding Process 	<i>41-49</i>
3:30 PM	Adjourn			

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act	FIMC: Fully Integrated Managed Care
ACH: Accountable Community of Health	FCS: Foundational Community Supports
ACO: Accountable Care Organization	HCA: Health Care Authority
AI/AN: American Indian/Alaska Native	HIT/HIE: Health Information Technology / Health Information Exchange
BAA: Business Associate Agreement	MAT: Medication Assisted Treatment
BH: Behavioral Health	MCO: Managed Care Organization
BH-ASO: Behavioral Health - Administrative Service Organization	MH: Mental Health
BLS: <i>Basic Life Skills</i>	MOU: Memorandum of Understanding
CBO: Community-Based Organization	MTP: Medicaid Transformation Project(s)
CCHE: Center for Community Health and Evaluation	NCACH: North Central Accountable Community of Health
CCMI: Centre for Collaboration Motivation and Innovation	NCECC: North Central Emergency Care Council
CCS: Care Coordination Systems	OHSU: Oregon Health & Science University
CHI: Coalition for Health Improvement	OHWC: Okanogan Healthcare Workforce Collaborative
CHW: Community Health Worker	OTN: Opioid Treatment Network
CMS: Centers for Medicare and Medicaid Services	ODU: Opioid Use Disorder
CMT: Collective Medical Technologies	P4P: Pay for Performance
COT: Chronic Opioid Therapy	P4R: Pay for Reporting
CP: Change Plans	PCS: Pathways Community Specialist
CPTS: Community Partnership for Transition Solutions	PDSA: <i>Plan Do Study Act</i>
CSSA: Community Specialist Services Agency	PHSKC: Public Health Seattle King County
DOH: Department of Health	RFP: Request for Proposals
DSRIP: Delivery System Reform Incentive Program	SDOH: Social Determinants of Health
EDie: <i>Emergency Dept. Information Exchange</i>	SSP/SEP: <i>Syringe Services Program / Syringe Exchange Program</i>
EMS: Emergency Medical Services	SMI: Serious Mental Illness



SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

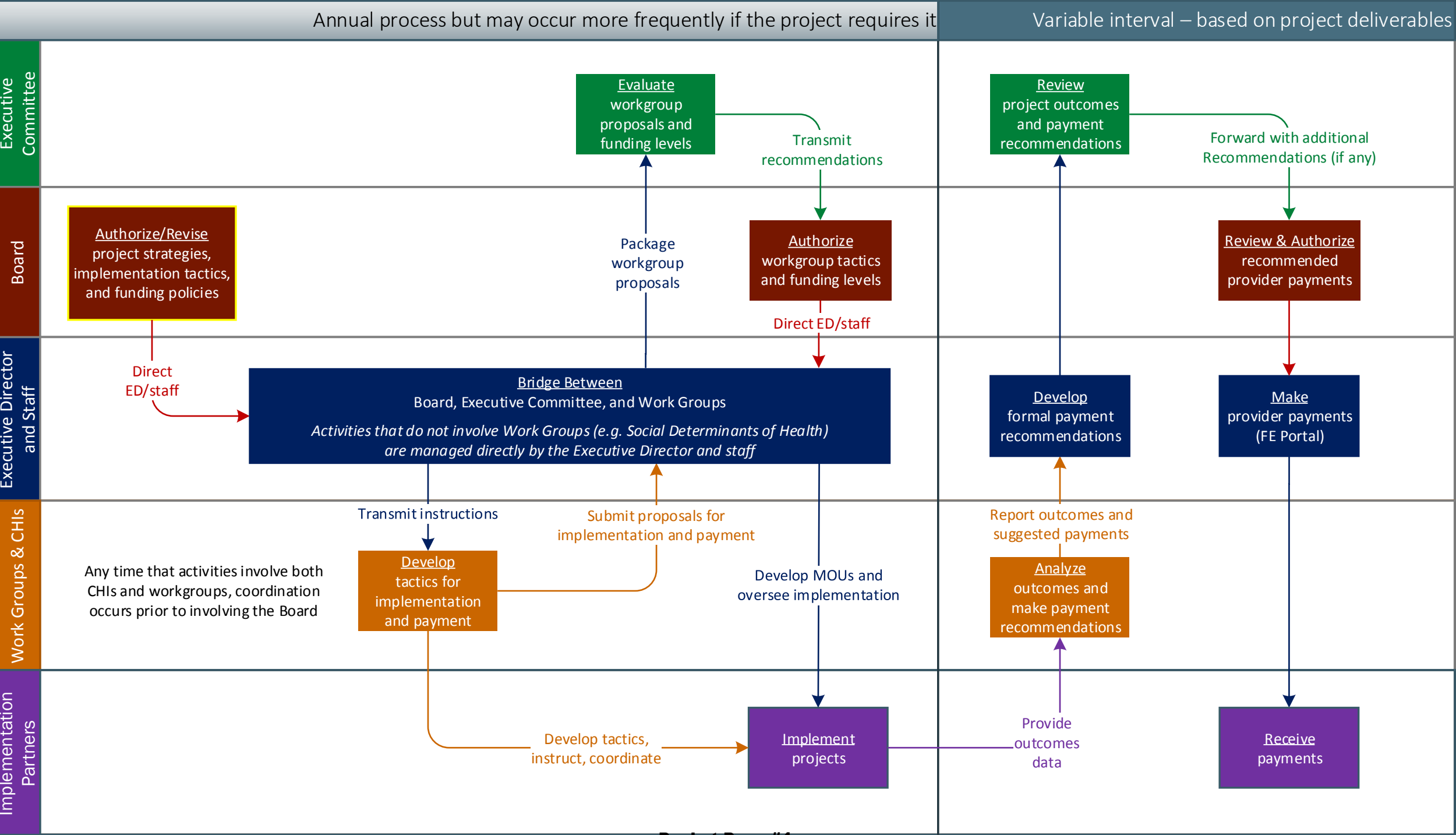
VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]



Location	Attendees
Virtual Meeting	<p>Governing Board Members Present: Blake Edwards, Rick Hourigan, Doug Wilson, Cathy Meuret, Molly Morris, Jorge Rivera, Brooklyn Holton, Ray Eickmeyer, Senator Warnick, Carlene Anders, Rosalinda Kibby, Nancy Nash Mendez</p> <p>Governing Board Members Absent: Ken Sterner and Deb Murphy</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Declaration of Conflicts 	<ul style="list-style-type: none"> Meeting called to order at 1:00 PM by Blake Edwards Declarations of Conflicts: Blake Edwards recused himself from the FQHC Seat Vote.
<ul style="list-style-type: none"> Executive Session – Board Members plus Linda Parlette and John Schapman 	<ul style="list-style-type: none"> 1:05 PM Blake announced that the Board will be moving into Executive Session until 2:00 to discuss Board nominations. 2:30 PM Board meeting resumed after extended executive session
<ul style="list-style-type: none"> Approval of Consent Agenda Public Comment 	<ul style="list-style-type: none"> ❖ Brooklyn Holton moved, Carlene Anders seconded the motion to approve the consent agenda, motion passed. <ul style="list-style-type: none"> ➤ Brooklyn noted that next month the financials will be pulled out of the consent agenda to have a more in depth discussion. Public Comment: None
<ul style="list-style-type: none"> Executive Director Report 	<p>Linda Parlette –</p> <ul style="list-style-type: none"> Noted various items that staff and she have been working on. Encouraged all to read her Executive Director Letter where she acknowledged the years of service that Barry Kling has given NCACH. Talked about the wonderful video on Paramedicine that Ray and Lake Chelan EMS made. Representative Cody loved it and asked if NCACH helped fund it. Teresa will send out the link for the video to Board.
<ul style="list-style-type: none"> Board Governance 	<p>Nominations for the Public Health (Christal Eshelman) and FQHC (Jesus Hernandez) Board seats were discussed in Executive Session:</p> <ul style="list-style-type: none"> ❖ Brooklyn Holton moved Jorge Rivera seconded the motion to table the nominations/vote for the Public Health and FQHC seats until the August Board meeting, Blake Edwards abstained, motion passed. Okanogan CHI is working on getting a new Board member recommendation for their seat. We will probably have a nomination at the August meeting. Linda noted that we would prefer to have the nomination in the next 10 days.
<ul style="list-style-type: none"> Strategic Planning Update – Blake Edwards & John Schapman 	<ul style="list-style-type: none"> During Zoom interviews with Chris Kelleher from Better Focus, Board and Staff were asked to give input to build the guiding principles.

	<ul style="list-style-type: none"> June Retreat – Board and staff was asked to give input, and that input was used to create the guiding principles and value proposition. Chris Kelleher worked with the Exec Committee to make some final adjustments. If Board approves today, we will proceed forward with developing strategies and looking at the mission statement. ❖ Brooklyn Holton moved, Molly Morris seconded the motion for approval of the NCACH Guiding Principles and Value Proposition (Attachment A in the meeting packet), motion passed.
<ul style="list-style-type: none"> Governance Committee – Linda Parlette & John Schapman 	<p>The Executive Committee along with John and Linda have been reviewing the bylaws. Would like to have some Board members tasked with reviewing the bylaws. John noted the charter that has been developed. Length of the committee is planned through 2020. Blake and Brooklyn have volunteered to be on the committee, would like to have 2-3 more Board members. Carlene, Cathy, and Ramona all volunteered.</p> <ul style="list-style-type: none"> ❖ Nancy Nash Mendez moved, Ray Eickmeyer seconded the motion for approval of the NCACH Governance Committee and guidelines for the committee as outlined in the charter included in Board packet (amend to include 5 Board members in the makeup of the committee), motion passed.
<ul style="list-style-type: none"> Roundtable 	<ul style="list-style-type: none"> Doug Wilson – troubling how many new cases there have been in NCW within the past few days, has a significant impact on Central Washington hospital and it seems that we are just getting started. Encouraged that everyone follow masking guidelines Rosalinda – agreed with Dr. Wilson; Rosalinda is concerned about cases on the rise in Grant County Carlene – concerned about the impact of the COVID cases in Brewster/Pateros area Senator Warnick – multitasking, trying to do best to be an active participant in today's meeting; looking at proclamations that governor has issued. Extending to August 1 – legislature doesn't have authority to stop emergency proclamations, but can review those already in place. Very concerning learning about the new cases, especially the number of Grant County cases. Cathy Meuret - congratulations to board on new guiding principles and values; will be helpful moving forward with planning. COVID-19 and schools – currently in summer school; looking at requirements for fall when school is back in session Jorge – Molina and all MCOs are doing what they can to support region – community response plans in place, happy to share with group Molly Morris – agrees with Jorge that the MCOs are stepping up, DSHS has also been going above and beyond – upset that it takes a pandemic for this to happen; but thankful that it is happening Ray – thanked the NCACH staff and board for work that they are doing Brooklyn – COVID has had a huge impact in her work, especially with small business assistance; Brooklyn is glad that the board is taking a strategic, long-term approach to planning for post-MTP with an SDOH focus as there are going to be many long-lasting effects from the pandemic. Linda - Barry recommended that John and Linda do a presentation to the BOH. <p>Meeting Adjourned by Blake Edwards at 3:13 PM</p>

NCACH Funding & Expense Summary Sheet

Funding Source	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
	SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
SIM Funding*	\$ 115,329	\$ 115,329	\$ -			
Transformation Project Funding						
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	\$ 5,000,000					
Transfer from FE Portal	\$ 226,961					
Interest Earned on Demo Funds	\$ 241,674					
Transformation Total	\$ 6,468,635	\$ 3,309,432	\$ 3,159,203			
Workshop Registration Fees/Misc. Revenue*	\$ 22,387	\$ 13,720	\$ 8,667			
			\$ -			
Financial Executor Funding						
Project Incentive Funds				\$ 17,956,477	\$ 8,098,044	\$ 9,858,433
Integration Funds				\$ 5,781,980	\$ 58,422	\$ 5,723,558
Bonus Funds				\$ 1,455,842		\$ 1,455,842
Value Based Payment (VBP) Incentives				\$ 650,000		\$ 650,000
Interest Earned in FE Portal				\$ 61,490		\$ 61,490
DY1 Shared Domain 1 Funds**				\$ 5,811,865	\$ 5,811,865	\$ -
Totals	\$ 6,606,351	\$ 3,438,481	\$ 3,167,870	\$ 31,717,654	\$ 13,968,331	\$ 17,749,323

*A portion of funds in this category were collected when CDHD held the SIM Contract

**Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet

Note from NCACH Treasurer: "The 2020 budget and lack of "% Expended YTD to Budget" is a direct result of the NCACH responding to COVID by adjusting where capacity is allocated and reducing performance expectations on partners by pausing our MTP activities. At the August meeting, we will be looking at the first half of the 2020 budget with the implications attached to reduced expenditures to better understand how to begin preparing for the 2021 budget."

2020 NCACH Budget: Monthly Summary

CDHD Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Jun-20	Totals YTD	% Expended YTD to Budget
^ Salary & Benefits	\$ 967,407	\$ 69,602	\$ 435,791	45%
Supplies				
^Office	\$ 9,420		\$ 80	1%
Drugs and Medicines	\$ 20,000		\$ -	0%
Furniture < \$500	\$ 2,400		\$ 538	22%
Books, References, & Videos	\$ -		\$ -	
^Software	\$ 2,500		\$ -	0%
Computer Hardware	\$ 6,000		\$ -	0%
Services				
Legal Services	\$ 8,400	\$ 1,938	\$ 1,938	23%
Computer	\$ 9,600		\$ -	0%
Misc. & Contracts	\$ 8,000		\$ -	0%
Mileage	\$ 57,000		\$ 2,361	4%
Professional Travel and Training	\$ 9,000		\$ 1,279	14%
Conference - Program Meals/Lodging	\$ 26,250		\$ 497	2%
Other (Train/Plane/Boat/Parking)	\$ 10,200		\$ 630	6%
Advertising - Newspapers	\$ 3,800	\$ 300	\$ 1,214	32%
Advertising - Other	\$ 5,400	\$ 1,494	\$ 9,592	178%
Insurance	\$ 6,000		\$ 6,324	105%
Printing - Office	\$ 6,250		\$ 792	13%
Printing - Copier	\$ 11,000	\$ 498	\$ 2,852	26%
Dues and Memberships	\$ 3,400		\$ 11	0%
Subscriptions	\$ 1,280		\$ 3,715	290%
^Other Expenditures	\$ 245,239	\$ 4,800	\$ 35,846	15%
^CDHD Hosting Fee 15%	\$ 212,647	\$ 11,795	\$ 75,519	36%
Grand total	\$ 1,631,194	\$ 90,426	\$ 578,977	35%

% of Fiscal Year

50%

FE Portal Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Jun-19	Totals YTD	% Expended YTD to Budget
Operations				
Project Management and Organizational Development	\$ 70,000	\$6,975.0	\$16,819	24%
Program Evaluation	\$ 59,700		\$0	0%
Data Analytics	\$ 30,000		\$2,787	9%
Feldsman Tucker Leifer Fidell LLP	\$ 40,000		\$0	0%
Workforce Development (Carry over of \$48,500, Approved in 2019)	\$ 36,000	\$243.8	\$2,775	8%
Workforce Development (2020)	\$ 30,000		\$0	0%
^ COVID-19 ICS & NCACH Funds (FE Portal)	\$ 36,647	\$20,954.6	\$36,647	100%
^ COVID Community Support Funding	\$ 150,000	\$35,428.7	\$134,444	90%
Community Engagement and SDOH Capacity Development				
Lead Agencies (CHIs)	\$ 150,000	\$9,375.3	\$78,442	52%
CHI Partner Payments (Carry over of \$450,000, Approved in 2019)	\$ 350,000		\$87,525	25%
* CHI Partner Payments (2020)	\$ 450,000		\$0	0%
* Community Information Exchange Workgroup	\$ 50,000		\$0	0%
^ Tribal Investment (Colville Confederated Tribes)	\$ 669,000		\$0	0%
Whole Person Care Collaborative				
Comagine Health	\$ 50,000		\$100	0%
CCMI - Advising	\$ 78,000		\$37,375	48%
Learning Activities	\$ 280,000		\$133,227	48%
CSI - portal & TA	\$ 36,000	\$2,916.7	\$24,166	67%
Learning Community - fixed	\$ 1,080,000		\$527,500	49%
Learning Community - variable	\$ 800,000		\$240,000	30%
Pathways Hub				
Action Health Partners - Hub Lead Agency(January - June 2020)	\$ 476,250	\$29,000.0	\$196,650	41%
* Community Based Care Coordination	\$ 575,544		\$0	0%
Transitional Care and Diversion Intervention				
TCDI Hospital Partner Work	\$ 520,000		\$150,000	29%
EMS Partner Work	\$ 230,000		\$108,500	47%
Technical Assistance/Training	\$ 65,000		\$0	0%
^ Community Partnership for Transition Solutions (Recovery Coach Network)	\$ 9,000		\$0	0%
Opioid Project				
Rapid Cycle Applications	\$ 100,000		\$5,750	6%
Support Opioid Conference Site Teams	\$ 80,000		\$0	0%
Training Opportunities (General public, organizations, sector)	\$ 15,000		\$5,750	38%
Public Awareness Contract	\$ 30,000		\$21,400	71%
School Based Prevention Contracts	\$ 120,000		\$40,000	33%
Opioid Prescriber Coaching Pilot	\$ 28,000		\$0	0%
Grand total	\$ 6,694,141	\$104,894	\$1,849,856	28%

% of Fiscal Year 50%

Total Budget	\$ 8,325,334	\$ 195,320	\$ 2,428,833	29%
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"*" asterisks - This means a line item will need to go back to the Board in 2020 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2020

Budget Amendments - 2020

Date	Amendment																
2.3.20	Board moved to remove the "*" for the Community Partnership for Transition Solutions program which program cost for 2020 is expected to be \$127,972. Motion Passed																
3.2.20	<p>Amend the 2020 budget to include the Recovery Coach Network (excluding Evaluation Coordination and Support) in the CDHD budget rather than the Financial Executor Budget:</p> <table> <thead> <tr> <th>Proposal Budget Item Amount</th><th>CDHD Budget Line Item</th></tr> </thead> <tbody> <tr> <td>Salary and benefits \$62,400 (For remainder of 2020)</td><td>Salary & Benefits</td></tr> <tr> <td>Recovery Coach Stipends \$9,200</td><td>Other Expenditures</td></tr> <tr> <td>Training Expenses \$20,000</td><td>Other Expenditures</td></tr> <tr> <td>Equipment \$3,500</td><td>Software (\$1000), Office Supplies (\$1,000), Telephone (\$1500)</td></tr> <tr> <td>Supports for clients \$4,854</td><td>Other Expenditures</td></tr> <tr> <td>CDHD Hosting Fee \$14,993</td><td>CDHD Hosting Fee</td></tr> <tr> <td colspan="2">Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</td></tr> </tbody> </table>	Proposal Budget Item Amount	CDHD Budget Line Item	Salary and benefits \$62,400 (For remainder of 2020)	Salary & Benefits	Recovery Coach Stipends \$9,200	Other Expenditures	Training Expenses \$20,000	Other Expenditures	Equipment \$3,500	Software (\$1000), Office Supplies (\$1,000), Telephone (\$1500)	Supports for clients \$4,854	Other Expenditures	CDHD Hosting Fee \$14,993	CDHD Hosting Fee	Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities	
Proposal Budget Item Amount	CDHD Budget Line Item																
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Supports for clients \$4,854	Other Expenditures																
CDHD Hosting Fee \$14,993	CDHD Hosting Fee																
Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities																	
3.2.20	Thee Board approve and commit up to \$669,000 to support the Colville Confederated Tribes' health improvement efforts starting in 2020 through December 31, 2021.																
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)" process up to \$50,000.																
4.6.20	<p>Approval of the "NCACH COVID-19 Community Mitigation Funds: Community Support" Processes as attached up to \$200,000.</p> <p>\$150,000 to support community partner's work on COVID-19</p> <p>\$50,000 to support NCACH's direct operational work on COVID-19</p>																
4.6.20	Approve an additional \$187 of NCACH expenditures above the \$5,000 approved by the Executive Committee for the North Central COVID-EO Contest to increase the total NCACH expenditures to \$5,187.00																
5.4.20	Approval to increase Community Mitigation Incident Command System funding from \$50,000 to \$100,000 (allocate an additional \$50K)																
7.1.20	General Budget Adjustment - Funding initially approved for NCACH and ICS COVID-19 support funding was budgeted in the CDHD Monthly Budget. If able to expend out of FE portal, NCACH Staff will pay utilizing the COVID-19 ICS & NCACH Funds (FE Portal) budget line item and subsequently decrease the total budgeted in the CDHD account when done.																

Extended to November 16, 2020

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization North Central Accountable Community of Health		D Employer identification number 82-1626178
	Doing business as		E Telephone number 509-886-6438
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 Valley Mall Pkwy		
	City or town, state or province, country, and ZIP or foreign postal code East Wenatchee, WA 98802		G Gross receipts \$ 7,446,501.
	F Name and address of principal officer: Linda Evans Parlette 200 Valley Mall Parkway, East Wenatchee, WA		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ www.ncach.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 2017 M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of NCACH is to improve the health of the North Central Region's communities and the		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 19,738,982.	Current Year 7,299,765.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,147.	142,036.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,170.	4,700.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,845,299.	7,446,501.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,755,281.	6,917,965.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,755,281.	6,917,965.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	12,090,018.	528,536.
	20 Total assets (Part X, line 16)	Beginning of Current Year 18,033,385.	End of Year 18,561,921.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,033,385.	18,561,921.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	Linda Evans Parlette, Executive Director				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Sean M. Patton, CPA				P00461275
	Firm's name ▶ Cordell, Neher & Company, P.L.L.C.	Firm's EIN ▶ 91-0950793			
	Firm's address ▶ P.O. Box 3068 Wenatchee, WA 98807-3068		Phone no. (509) 663-1661		

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

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

See Schedule O for Organization Mission Statement Continuation

Packet Page #11

North Central Accountable
Community of Health

Form 990 (2019)

82-1626178 Page **2**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of NCACH is to improve the health of the North Central region's communities and the people who live in them, improve health care access, quality, the experience of care, and lower per capita health care costs in the North Central region which includes Chelan,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,354,143. including grants of \$) (Revenue \$)
NCACH works with local community leaders focused on health, policy, and data-driven approaches to improving the health of its region as part of the state's Healthier Washington Medicaid Transformation. NCACH uses these collaborative partnerships and innovative solutions to implement strategies and projects with partners across the region and develop venues for training and sharing best practices. These strategies and projects are managed by regional NCACH workgroups that develop targeted approaches that our community partners engage in.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **6,354,143.**

Form **990** (2019)

**North Central Accountable
Community of Health**

Form 990 (2019)

82-1626178 Page **3**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	18	
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 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	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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	X	
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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 ☒ Upon request Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
John Schapman - 509-886-6435
200 Valley Mall Parkway, East Wenatchee, WA 98802

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barry Kling Board Chair	2.50	X						0.	0.	0.
(2) Richard Hourigan MD Vice Chair	2.00	X						0.	0.	0.
(3) Brooklyn Holton Board Treasurer	2.00	X						0.	0.	0.
(4) Blake Edwards Board Secretary	2.00	X						0.	0.	0.
(5) Doug Wilson MD Board Director	1.00	X						0.	0.	0.
(6) Scott Graham Board Director	1.00	X						0.	0.	0.
(7) Rosalinda Kibby Board Director	1.00	X						0.	0.	0.
(8) David Olson Board Director	1.00	X						0.	0.	0.
(9) Carlene Anders Board Director	1.00	X						0.	0.	0.
(10) Judy Warnick Board Director	1.00	X						0.	0.	0.
(11) Cathy Meuret Board Director	1.00	X						0.	0.	0.
(12) Michelle Price Board Director	1.00	X						0.	0.	0.
(13) Ken Sterner Board Director	1.00	X						0.	0.	0.
(14) Bruce Buckles Board Director	1.00	X						0.	0.	0.
(15) Nancy Nash Mendez Board Director	1.00	X						0.	0.	0.
(16) Molly Morris Board Director	1.00	X						0.	0.	0.
(17) Daniel Angell Board Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ray Eickmeyer Board Director	1.00	X						0.	0.	0.
(19) Kyle Kellum Board Director	1.00	X						0.	0.	0.
(20) Courtney Ward Board Director	1.00	X						0.	0.	0.
(21) Linda Evans Parlette Executive Director	40.00			X				0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Washington	Payments to partners	1,913,714.
Chelan Douglas Health District	Contracted labor and administrative host	1,092,210.
Community Choice	Payments to partners	600,348.
King County Public Hospital District 2	Payments to partners	208,993.
Public Hospital District No 1 of King Count	Payments to partners	208,993.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,299,765.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				7,299,765.		
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			142,036.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real	(ii) Personal			
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
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	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Workshop revenues			Business Code	900099	4,700.	4,700.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				4,700.		
	12 Total revenue. See instructions				7,446,501.	4,700.	0.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	877.	877.		
c Accounting	2,895.	2,895.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	11,010.	11,010.		
13 Office expenses	139,095.	139,095.		
14 Information technology	720.	720.		
15 Royalties				
16 Occupancy				
17 Travel	34,405.	22,363.	12,042.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,309.	7,522.	12,787.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,702.	5,702.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Payments to partners</u>	4,970,398.	4,970,398.		
b <u>Contracted labor</u>	922,013.	554,266.	367,747.	
c <u>Payments to contractors</u>	639,295.	639,295.		
d <u>Administrative hosting</u>	171,246.		171,246.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,917,965.	6,354,143.	563,822.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**North Central Accountable
Community of Health**

Form 990 (2019)

82-1626178 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,107,371.	1	
	2 Savings and temporary cash investments	4,926,014.	2	18,561,921.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 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	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,033,385.	16	18,561,921.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	18,033,385.	31	18,561,921.
32 Total net assets or fund balances	18,033,385.	32	18,561,921.	
33 Total liabilities and net assets/fund balances	18,033,385.	33	18,561,921.	

Form **990** (2019)

Part 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	7,446,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,917,965.
3	Revenue less expenses. Subtract line 2 from line 1	3	528,536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,033,385.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,561,921.

Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **North Central Accountable
Community of Health**

Employer identification number
82-1626178

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

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

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

f Enter the number of supported organizations _____

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			6000000.	19738982.	7299765.	33038747.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			6000000.	19738982.	7299765.	33038747.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						33038747.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			6000000.	19738982.	7299765.	33038747.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			21,138.	98,147.	142,036.	261,321.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33300068.
12 Gross receipts from related activities, etc. (see instructions)					12	12,870.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

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

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

Part VI

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

DRAFT

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

North Central Accountable
Community of Health

Employer identification number

82-1626178

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

North Central Accountable
Community of Health

Employer identification number

82-1626178

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Washington State Health Care Authority 626 8th Ave SE Olympia, WA 98501	\$ 7,299,765.	Person <input checked="checked" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-1626178

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

North Central Accountable
Community of Health

Employer identification number

82-1626178

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

North Central Accountable
Community of Health

Employer identification number
82-1626178

Form 990, Part I, Line 1, Description of Organization Mission:

people who live in them, improve health care access, quality, the
experience of care, and lower per capita health care costs in the North
Central region, which includes Chelan, Douglas, Grant, and Okanogan
counties (the "North Central Regional Service Area").

Form 990, Part III, Line 1, Description of Organization Mission:

Douglas, Grant, and Okanogan counties (the "North Central Regional
Service Area").

Form 990, Part VI, Section B, line 11b:

The 990 form was made available to NCACH governing board members prior to
filing the form.

Form 990, Part VI, Section B, Line 12c:

At every governing board meeting, NCACH routinely asks for members to
disclose any conflict of interest pertaining to the materials listed in the
board agenda. Annually, NCACH staff sends out the conflict of interest
policy and asks board members to provide updated details on any conflicts
they may have over the course of the new year.

Form 990, Part VI, Section B, Line 15:

NCACH does not have any paid officers or key employees.

Form 990, Part VI, Section C, Line 19:

NCACH has all governing board and workgroup documents posted publicly on

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **North Central Accountable
Community of Health**

Employer identification number
82-1626178

the ncach.org webpage. Documents are sent out prior to meetings for all partners to see. Financial statements are posted as part of the meeting documents on the webpage and shared at the open meetings of the governing Board. NCACH posts the conflict of interest policy on the ncach.org webpage under the governing board section.

DRAFT

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. North Central Accountable Community of Health	Taxpayer identification number (TIN) 82-1626178
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 Valley Mall Pkwy	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. East Wenatchee, WA 98802	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- John Schapman**
• The books are in the care of ► **200 Valley Mall Parkway - East Wenatchee, WA 98802**
Telephone No. ► **509-886-6435** Fax No. ► _____
• If the organization does not have an office or place of business in the United States, check this box ►
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► _____. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **November 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2019** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Executive Director's Report – August 2020

As we adapt to new environments and practices, socially distanced barbeques and weddings (including my son's this June) we reaffirm that life can go on after great upheaval. This is the same for NCACH as we pivot back to our Medicaid Transformation work and re-engage partners, as they are able.

Our partners remain resilient and resourceful as ever as they work to improve health regionally. I've recently been attending some virtual site-visits with our Whole Person Care Collaborative partners and have been inspired by the perseverance, determination, and focus exemplified by the staff at each site to continue to stay connected with those they serve in the this new world of COVID-19.

At the State level, I continue to participate in meetings with the Health Care Authority (HCA) and other Accountable Community of Health (ACH) executive directors. As shared before, Liz Baxter (CEO, North Sound ACH) and I serve on behalf of the nine ACHs as the lead communicators with the HCA. Some of our recent high-level discussions include:

- The social determinants of health and a potential funding model for the future
- A vaccine campaign – do local health districts need assistance from ACHs on the importance of vaccines to support public health?
- Sustainability discussions – what will ACHs look like in the future? What is the value added from ACHs over the course of the Medicaid Transformation?

I will continue to share updates from these discussions as they progress.

In other news from the Health Care Authority, please save-the-date for the HCA's Annual Symposium (now virtual!) which will be October 26 – 28, 2020. Held annually, the Symposium has past hosted a wealth of thought-provoking speakers and experts in healthcare transformation and community-bridging work. The HCA and ACHs are working together to develop this year's Symposium, and I look forward to another inspiring event.

Charge on!

Linda Evans Parlette

Executive Director





Board Decision Form

TOPIC: Nomination of Public Health Sector Representative

PURPOSE: Vote on the nomination to fulfill the Public Health Sector Representative on the board.

BOARD ACTION:

☐ Information Only

☒ Board Motion to approve/disapprove

BACKGROUND:

On June 30th, Barry Kling, previous administrator to the Chelan Douglas health District and the NCACH Public Health representative resigned from the Board. The Public Health departments came together on Wednesday May 8th there was agreement of all 3 administrators to recommend Christal Eshelman take the seat for Public Health representative.

The NCACH Executive Committee, acting as the nominating committee, discussed the nomination in detail during regularly scheduled Executive calls.

The nomination committee reviewed the nomination and is nominating Christal Eshelman to fill the Public Health Sector seat on the NCACH Governing Board. Below is a bio for Christal:

Christal Eshelman, Bio



Christal is a Regional Assessment Epidemiologist serving Chelan, Douglas, Grant, and Okanogan Counties where she is currently contributing to data analytics of the COVID-19 pandemic. As an epidemiologist and public health professional, Christal has led numerous initiatives including project planning, development, and evaluation of four major initiatives at the North Central Accountable Community of Health (NCACH). These included: Integrated Managed Care (IMC); Opioid prevention, treatment, and recovery; Healthcare Workforce; and Community-based Care Coordination. As part of this work, she led the formation of the North Central Community Partnership for Transition Solutions (CPTS) coalition and facilitated a multi-sector Healthcare Workforce Initiative resulting in developing an apprenticeship for Chemical Dependency

Professionals and elevated Recovery Coach trainings in North Central Washington. Prior to working for the NCACH, she was the Director of Health Communications for the Chelan-Douglas Health District (CDHD). Her work at CDHD included community engagement and outreach, community health assessment, and public and media relations. Before her career in Public Health, Christal spent six years as a Research Scientist at the University of Washington studying disease evolution dynamics in metapopulations. Christal earned a Bachelor's degree in Biology and a Master's in Public Health,

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North Central Accountable Community of Health

Epidemiology from the University of Washington. She holds a current Certification in Public Health by the National Board of Public Health Examiners. More recently, she completed a Bachelor's degree in Accounting from Western Governors University.

PROPOSAL:

Approve the nomination of Christal Eshelman to the Public Health sector seat on the NCACH Governing Board for the term that goes till December 31st, 2022.

IMPACT/TIMELINE:

- If approved, Christal Eshelman would fulfill the remaining term of the Public Health Sector Board seat set to end December 31st, 2020

Submitted By:

Submitted Date:

Staff Sponsor:

Nominating Committee

7.13.20

Linda Evans Parlette

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North Central Accountable Community of Health • 200 Valley Mall Parkway, East Wenatchee, WA 98802 • 509-886-6400



Board Decision Form

TOPIC: 2020 CHI Community Initiatives

PURPOSE: To remove the asterisk (*) on the funding allocated in the 2020 NCACH Annual Budget for 2020 CHI Community Initiatives which will open the funding opportunity to partners

BOARD ACTION:

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

BACKGROUND:

- In 2019, NCACH awarded eight finalists a total of \$450,000 through a community investment process that was developed by members of the Coalitions for Health Improvement (CHI), called *CHI Community Initiatives*. A series of surveys and interviews to evaluate the 2019 CHI Community Initiatives process were conducted in late 2019 / early 2020. The evaluation indicated process improvements could be made to deepen the connection between funded proposals and the three CHIs.
- Working with NCACH staff, the Regional CHI Leadership Council has developed recommended process improvements for 2020 to increase local collaboration and deeper connection between the CHIs and the community investment process. The most notable update is a recommendation to allow the Coalitions to develop finalist recommendations (instead of a regional Award Committee appointed by NCACH's Executive Director) for a portion of the total award funds allocated for 2020 CHI Community Initiatives. As in 2019, all finalist recommendations generated will be presented to NCACH's Governing Board for approval and disbursement of funds. NCACH staff will manage contracting and reporting for all funded partners.

The following table outlines recommended process improvements that have been developed by the Regional CHI Leadership Council, based on program evaluations and survey data from CHI feedback forms released in January 2020 and July 2020. The Regional CHI Leadership Council endorsed these recommendations by vote at their July 27 meeting.



2020 Proposed Recommendations	Change from 2019 Process and Rationale
Remove “Extra Large” projects (> \$150,000)	<ul style="list-style-type: none">• This change is recommended to encourage more cross-sectoral & county collaboration on submitted proposals while limiting proposals to \$150,000 or less
Allow Coalition members to participate in live review sessions of submitted Letters of Intent	<ul style="list-style-type: none">• While all Coalition members had the option to review and provide feedback to 2019 applicants, the process was hosted using email and PDFs.• The suggested change makes the process more interactive and will engage more CHI members in sharing feedback on submitted LOIs
Combining all projects (no matter size) into the same submission & review process and timeline	<ul style="list-style-type: none">• 2019 had 2 application review & submission cycles and timelines, based on project size.• Feedback collected indicated that the 2 submission and review cycles were challenging to follow, asked a lot of the CHI's volunteer reviewers, and that overall the process felt “over-engineered”• This change is recommended to simplify the application review process for applicants and reviewers.
Remove the Award Committee and allow Coalitions the ability to develop finalist recommendations for a portion of the total award funds, provided the CHIs meet criteria* specified by NCACH to manage award recommendations.	<ul style="list-style-type: none">• An Award Committee, appointed by the NCACH Executive Director, determined finalist recommendations in 2019.• This recommendation is based on feedback from the Coalitions that expressed the desire to operate more autonomously and to use the funds to encourage more county and community-level involvement.



North Central Accountable Community of Health

- NCACH will work with a regional group of CHI members and NCACH stakeholders to develop finalist recommendations for large projects or for any Coalitions who are unable to meet criteria necessary to manage development of finalist recommendations.

**Please see attachment, “2020 CHI Community Initiatives Proposal for CHIs to manage funding decisions locally” to see proposed criteria and additional background information*

MOTION: To approve recommended changes to the CHI Community Initiative funding process for the funding allocated in the 2020 NCACH Annual Budget.

IMPACT/OPPORTUNITY (fiscal and programmatic):

- Will remove the asterisk (*) on the funding allocated for 2020 CHI Community Initiatives in the 2020 NCACH Annual Budget
- This will allow the funding opportunity to open to partners with the proposed process improvements recommended above.
- Finalist recommendations will be developed and brought back to the NCACH Governing Board for approval.

TIMELINE:

- August 3, 2020 - NCACH Governing Board reviews approval of 2020 CHI Community Initiatives recommended process improvements
- August 6, 2020 - Applications go live
- August 13, 2020 - NCACH & CHI LC host Webinar + Q&A session on funding process & application materials
- September 4, 2020 - Letter of Intent (LOI) deadline
- September 8 – 28, 2020 - LOI feedback session(s)
- October 9, 2020 - Project Application Deadline
- October 12 – November 6, 2020 - Application review and scoring process
- November 9, 2020 – November 25, 2020 - Final scoring & award selection process
- December 7, 2020 - Motion submitted to NCACH Governing Board for approval of 2020 CHI Community Initiatives awardees

Submitted By: Regional CHI Leadership Council
Submitted Date: 07/28/2020
Staff Sponsor: Sahara Suval

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ATTACHMENT – NCACH GOVERNING BOARD MEETING, 08/03/2020**2020 CHI Community Initiatives – Additional Information**

Endorsed by the Regional CHI Leadership Council on 7/27/2020

Reviewed by NCACH's Executive Committee on 7/24/2020

Proposed Criteria for CHI Management of Finalist Recommendations for 2020 Award Funds

Background: In December 2018, NCACH allocated \$450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health. NCACH tasked the Coalitions for Health Improvement (CHI) to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington.

An Advisory Group, consisting of representatives from all three Coalitions and local health jurisdiction areas, formed to develop the community investment process. The process opened to applicants in July 2019, and eight finalist projects were awarded. The NCACH Governing Board has allocated a second round of funding of \$450,000 for 2020.

An evaluation was conducted following the first complete cycle of the community investment process, which indicated some process improvements could be made to deepen connections between funded projects and the Coalitions, as well as increase engagement with Coalitions throughout the project application review and finalist selection process. A survey asking for process improvement feedback was also created and sent to CHI email list subscribers in January 2020.

Respondents overwhelmingly indicated that a critical process improvement would include giving each CHI more autonomy to make decisions and maintain local control over funding decisions (*Figure 1*), as well as funding projects that build or demonstrate collaboration within each Coalition (*Figure 2*).

While plans were underway to focus on process improvements in early 2020, the COVID-19 pandemic forced a delay until June 2020. NCACH staff worked with the Regional CHI Leadership Council (a local group of community leaders from each Coalition dedicated to planning and leading local CHI efforts), meeting weekly throughout July to develop proposed recommendations for the 2020 community investment process.

Update for 2020: Allow each Coalition for Health Improvement to operate more autonomously in the 2020 CHI Community Initiatives investment process by allowing them to generate their own recommended finalists for a portion of the total allocated award funds.

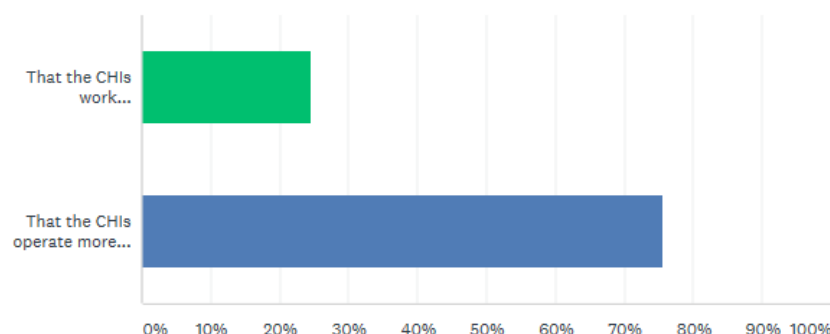
In response to the feedback expressed by CHI membership, NCACH is offering each Coalition the opportunity to maintain local control over a portion of the region-wide

funding pool (total \$450,000). This is conditional; each Coalition must meet necessary criteria to manage funding decisions locally and in accordance with a process mutually agreed upon by all three Coalitions and NCACH as the funder.

As in 2019, all finalist recommendations generated by the Coalitions will be presented to NCACH's Governing Board for approval. NCACH staff will manage contracting and reporting for all funded partners.

Which is more important to you?

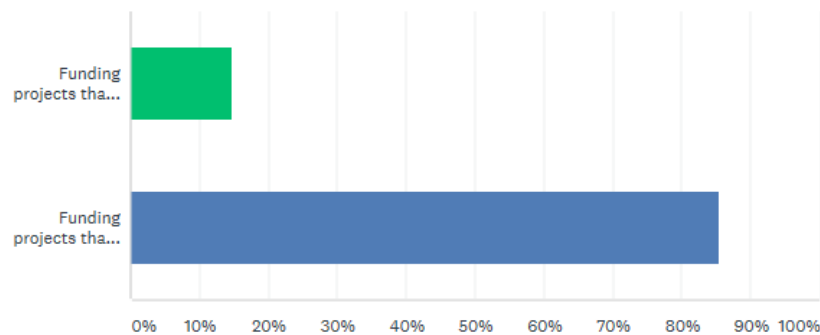
Answered: 49 Skipped: 2



ANSWER CHOICES	RESPONSES	
▼ That the CHIs work collaboratively with one another to make centralized decisions and share a region-wide funding pool (like the process in 2019.)	24.49%	12
▼ That the CHIs operate more autonomously, make their own decisions, and maintain local control over funding decisions.	75.51%	37
TOTAL	49	

Figure 1 – CHI Community Initiatives 2020 Design Survey

Answered: 48 Skipped: 3



ANSWER CHOICES	RESPONSES
▼ Funding projects that build or demonstrate collaboration between the three Coalitions (e.g. a regional collaboration).	14.58% 7
▼ Funding projects that build or demonstrate collaboration within each Coalition (e.g. a community - or county-level collaboration).	85.42% 41
TOTAL	48

Figure 2 - CHI Community Initiatives 2020 Design Survey

Criteria Necessary for CHI Management of Award Funding Decisions

Each Coalition for Health Improvement is eligible to manage funding decisions for up to \$100,000 of the total funding available for 2020 CHI Community Initiatives, so long as they are able to demonstrate compliance** for each of the following:

1. Each Coalition for Health Improvement must have a local committee or work group ("CHI Review Team") that is dedicated to coordinating and meeting all required deliverables pertaining to the 2020 CHI Community Initiatives investment process, as specified in a process mutually agreed upon by all three Coalitions and NCACH as the funder. (Including but not limited to: Providing application review, developing recommendations for applicants on their Letters of Intent, and facilitating activities for their local Coalition to increase engagement in the 2020 community investment process.)
 - a. The CHI Review Team (CRT) must have at least 5 members who have signed a conflict of interest policy certifying their commitment to serve on the committee and compliance with terms of serving on committee.
 - b. Members must represent a diverse cross-section of the community and must represent different communities and professional sectors.

Members must have also signed a CHI membership charter anytime from 2016 – now

- i. The Coalitions' Leadership Council group may serve as the committee, as long as diversity factors above can be demonstrated
 - c. A primary lead for the local committee must be identified, who will be responsible for ensuring that their Coalition's committee is meeting required deliverables on time. This person will be the primary point of contact between NCACH and the Coalition.
 2. The Coalition must have a representative in their respective NCACH Board position, who was elected to their position on or before September 7, 2020.
 3. The Coalition and its Leadership Council must commit to hosting a minimum of 3 meetings dedicated to accomplishing milestones identified in the 2020 CHI Community Initiatives investment process and mutually agreed upon by all three Coalitions and NCACH as the funder, between September – December 2020.
 4. All milestones identified in the 2020 CHI Community Initiatives investment process (and mutually agreed upon by all three Coalitions and NCACH as the funder) must be met by the deadline specified by the Coalition in order to maintain local control of funding decisions. Should a Coalition be unable to accomplish a milestone within the specified timeframe, NCACH reserves the right to resume management of funding decisions and award top-scoring applications using an internal process.
 5. The Coalition agrees to maintain transparency with NCACH, making all review materials or other information generated throughout the process available to NCACH for recording purposes.
 6. The Coalition agrees to follow the process mutually agreed upon by all three Coalitions and NCACH as the funder. Should a Coalition be found to be in intentional noncompliance, NCACH reserves the right to resume management of funding decisions and award top-scoring applications using an internal process.
 7. NCACH reserves the right to make all final decisions as the funder.

****** *If a Coalition is unable to host an application review process, as well as for Large or regional (multi-county / CHI area) projects ...*

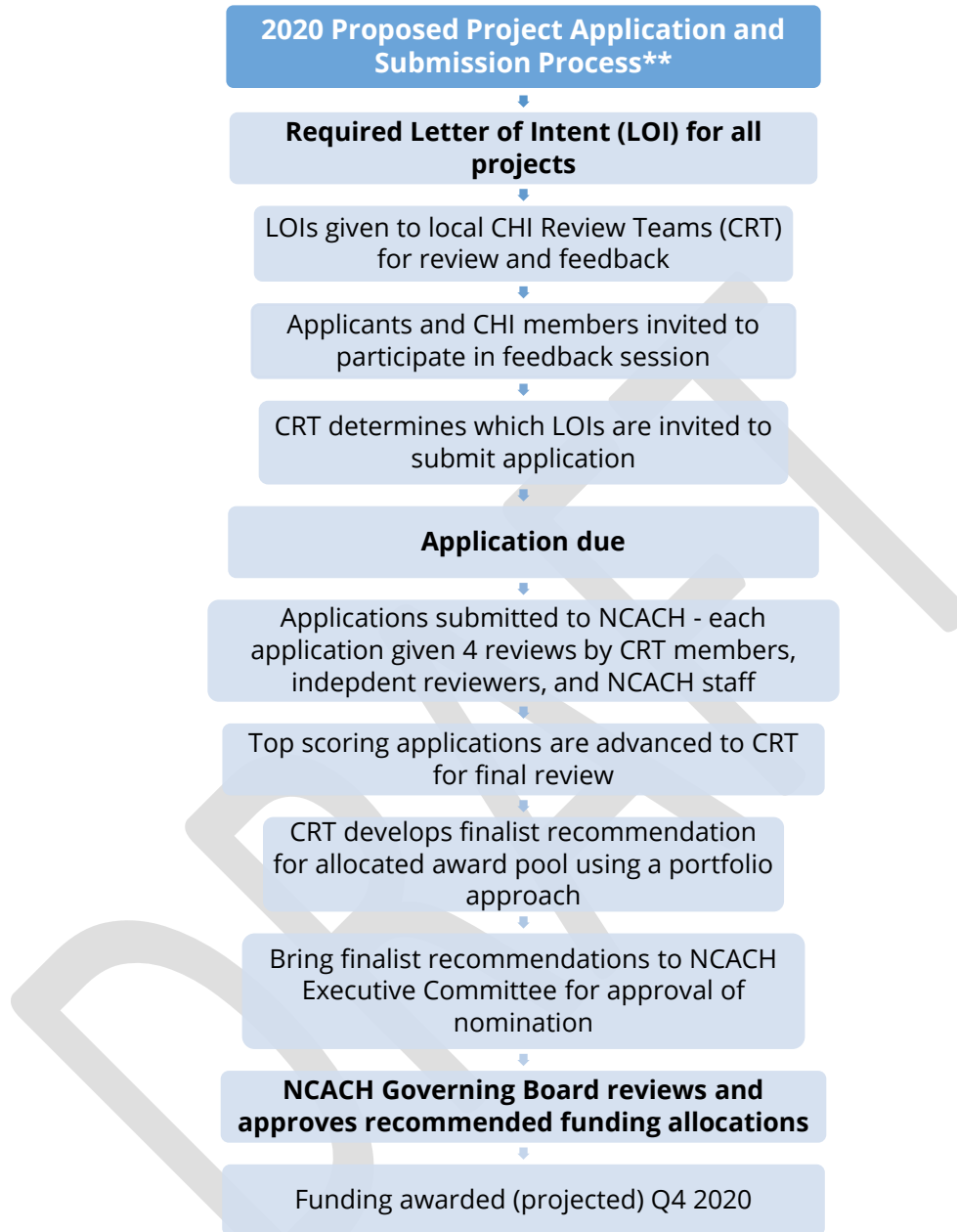
1. A subcommittee of CRT members (from all participating Coalitions) and members from that county's Coalition is formed with support from NCACH staff for application scoring
 - a. Facilitates same role as CRT in outlined process above

2020 Project Focus Areas

The Coalitions for Health Improvement have selected the following focus areas as top priority needs for the region. While projects are not limited to only these focus areas, project applications must be able to demonstrate how their project addresses a direct need in the community.

Addressing Adverse Childhood Experiences (ACEs) and/or Building Resiliency	Behavioral Health, including Substance Use Disorder	Child Care and Services for Youth and Families	Education
Employment	Food Security	Health Equity / Social Justice	Housing/Homelessness
Reproductive Health and Pre/Neo-Natal support	Social Service(s) Coordination	Suicide Prevention	Transportation

2020 Proposed Project Application and Submission Process



**** If a Coalition is unable to host an application review process, as well as for Large (\$75,001 - \$150,000) or regional (multi-county / CHI) projects...**

1. A subcommittee of CRT members (from all participating Coalitions) and members from that county's Coalition is formed with support from NCACH staff for application scoring
 - a. Facilitates same role as CRT in outlined process above