

K5853

Agreement Number: <i>DES Use Only</i>
--

**MASTER CONTRACT USAGE AGREEMENT**

This Master Contract Usage Agreement (the "Agreement") is made pursuant to Chapter 39.34 of the Revised Code of Washington, and other applicable laws, by and between the state of Washington (the "State"), acting by and through the Department of Enterprise Services ("DES"), an agency of the State, and Community Health of Central Washington,  
*Organization Name*

a state agency, local, federal agency or entity, or public benefit nonprofit corporation, or any tribe located in the State ("Buyer").

1. Purpose: The purpose of the Agreement is to establish the terms and conditions for when Buyer purchases or acquires goods and services for its direct use under contracts entered into by DES that permit such use ("Master Contracts").
2. Duration: This Agreement will become effective on date of execution, and will continue in full force and effect until 30 days following receipt of written notice from either party cancelling this Agreement.
3. Agreement Contact Information: Contact person to whom contract documents and related communications are to be e-mailed.

Organization Name: <u>Community Health of Central Washington</u>		
Tax Identification Number: <u>57-1140982</u>		
Unified Business Identifier: <i>Required for Non-Profit:</i> <u>602254033</u>		
Contact Name: <u>Paul Kaschmitter</u>		
Title: <u>CFO</u>		
Address: <u>501 S. 5th Ave</u>		
City: <u>Yakima</u>	State: <u>WA</u>	Zip: <u>98902</u>
Phone Number: <u>509-574-6110</u>		
Email Address: <u>Paul.Kaschmitter@chcw.org</u>		

4. Cancellation of Agreement: This agreement can be terminated by either party upon 30 days written notice provided to DES at:  
 Email to: **mcua@des.wa.gov**      or      Mail to: WA Dept. of Enterprise Services  
 Attn: Contracts Resource Center  
 P.O. Box 41411  
 Olympia, WA 98504-1411
5. Financial Responsibility: Buyer will deal directly with Master Contract contractor, supplier, or service supplier ("Contractor") for any purchases Buyer makes pursuant to this Agreement and under a Master Contract. DES does not accept any responsibility, financial or otherwise, for any purchase Buyer makes under a Master Contract.

82224

Agreement Number: \_\_\_\_\_  
*DES Use Only*

- 6. Compliance with Other Laws: Each of the parties will comply with all applicable federal, state, and local laws and regulations governing its own purchases.
- 7. Master Contract Audits: Buyer agrees to cooperate with DES, Office of the State Auditor, federal officials, or any third party authorized by law, rule, regulation or contract, in any audit conducted by such party related to any Master Contract(s) that Buyer has made purchases from pursuant to this Agreement, including providing records related to any purchase from a Master Contract. In addition, Buyer agrees to provide, upon request from DES, documentation to confirm its eligibility to use Master Contracts.
- 8. Dispute Resolution: If there are any disputes between Buyer and a Contractor, Buyer agrees to (a) provide DES written notice of the nature of the dispute; and (b) unless otherwise provided in the Master Contract or as set forth below, work in good faith with the Contractor to resolve the dispute without the involvement of DES. DES may, upon request, review and assist in the resolution of a dispute, and if DES chooses to do so, the Buyer will cooperate with DES in that resolution process.

In its sole discretion, DES may, but is not obligated to, upon written notice to Buyer, resolve disputes with a Contractor on behalf of Buyer and all other state, local, and federal agencies, local governments, and public benefit nonprofit corporations with similar or related disputes with such Contractor.

- 9. No Separate Entity: No separate legal or administrative entity is intended to be created by, or for the administration of, this Agreement.
- 10. Hold Harmless: Each party agrees to defend, indemnify, and hold the other party harmless from any claim arising from such party's sole negligent, reckless, or willful misconduct.
- 11. Entire Agreement: This Agreement sets forth the entire agreement between the parties, and supersedes any other prior written agreements between the parties, with respect to the subject matter hereof.

IN WITNESS WHEREOF the parties having read this Agreement, agree to it in each and every particular, and have executed it below.

**APPROVED**

**WASHINGTON STATE DEPARTMENT  
OF ENTERPRISE SERVICES**

Name: \_\_\_\_\_  
 Assistant Director Signature: \_\_\_\_\_  
 ECI Ameh, Assistant Director  
 Name/Title: \_\_\_\_\_  
 Date: 3/11/2019

Community Health of Central Washington  
 Organization Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Paul Kasechmitter, CEO  
 Name/Title: \_\_\_\_\_  
 Date: 3/11/2019

**COMMUNITY HEALTH OF CENTRAL WASHINGTON  
SCHEDULES OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED JUNE 30, 2018**

Program Title	CFDA Number	Pass-Through Grantor's Number	Contract Period	Passed Through to Subrecipients	Contract Amount	Revenue	Expenditures
<b>U.S. DEPARTMENT OF AGRICULTURE</b>							
<i>Passed through Washington State Department of Health:</i>							
WIC	10.557	CBO22328	1/1/17 to 12/31/18	\$ -	\$ 313,280	\$ 152,708	\$ 152,708
Total U.S. Department of Agriculture					313,280	152,708	152,708
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>							
Community Health Centers Cluster:							
Community Health Centers	93.224	H80CS08774-11-06	5/1/17 to 4/30/18	-	4,134,638	3,588,645	3,588,645
Community Health Centers	93.224	H80CS08774-12-01	5/1/18 to 4/30/19	-	3,903,589	392,000	392,000
Total Community Health Centers Cluster					8,038,227	3,980,645	3,980,645
Affordable Care Act Teaching Health Center	93.530	T91HP21537-06-04	7/1/17 to 6/30/18	-	1,800,000	1,800,000	1,800,000
<i>Passed through Kittitas County Public Health:</i>							
Maternal and Child Health Block Grant - CSHCN	93.994	C17114	10/1/17 to 9/30/18	-	13,258	13,258	13,258
<i>Passed through Yakima Neighborhood Health Services:</i>							
Central WA Healthplan Finder	93.525	HBE-349	8/1/17 to 6/30/18	-	22,000	22,000	22,000
<i>Passed through Washington Association of Community &amp; Migrant Health Center:</i>							
Central WA Healthplan Finder	93.800	WACMHC-006	7/1/17 to 6/30/18	-	45,000	45,000	45,000
Total U.S. Department of Health and Human Services					9,918,485	5,840,903	5,840,903
Total Federal Assistance				\$ -	\$ 10,231,765	\$ 5,993,611	\$ 5,993,611

See Notes to Schedules of Expenditures of Federal Awards.



# STATE of WASHINGTON



## SECRETARY of STATE

I, *SAM REED*, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

### CERTIFICATE OF INCORPORATION

to

CENTRAL WASHINGTON FAMILY MEDICINE

A Washington Non-Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 254 033

Date: December 05, 2002



*Given under my hand and the Seal of the State of Washington at Olympia, the State Capital*

*Sam Reed, Secretary of State*



**STATE OF WASHINGTON  
SECRETARY OF STATE**

**ARTICLES OF AMENDMENT  
WASHINGTON  
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

**FEE: \$20**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY

CORPORATIONS DIVISION  
801 CAPITOL WAY SOUTH • PO BOX 40234  
OLYMPIA, WA 98504-0234

FILED  
SECRETARY OF STATE  
SAM REED

APRIL 17, 2006

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY  
INCLUDES FEE AND WRITS "EXPEDITED" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE

FOR OFFICE USE ONLY

FILED:     /     /

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

IMPORTANT! Person to contact about this filing

*Michael Maples, MD*

Daytime Phone Number (with area code)

*509-574-6117*

**AMENDMENT TO ARTICLES OF INCORPORATION**

NAME OF CORPORATION (As currently recorded with the Office of the Secretary of State)

*Central Washington Family Medicine*

UBI NUMBER

*602254033*

CORPORATION NUMBER (if known)

AMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON

Date: *February 14, 2006*

EFFECTIVE DATE OF ARTICLES OF AMENDMENT

(Specified effective date may be up to 30 days AFTER receipt of the document by the Secretary of State)

- Specific Date: *February 14, 2006*
- Upon filing by the Secretary of State

ADOPTION OF THE ARTICLES OF AMENDMENT (Please check ONE of the following)

- The amendment was adopted by a meeting of members held on (specify date): *February 14, 2006*. A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.
- The amendment was adopted by a consent in writing and signed by all members entitled to vote.
- There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held on (specify date): \_\_\_\_\_.

AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE AS FOLLOWS  
If necessary, attach additional amendments or information.

SEE ATTACHED

SIGNATURE OF OFFICER

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

*Michael Maples*  
Signature of Officer

*Michael Maples*  
Printed Name

*4/12/06*  
Date

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

04/17/2006 826124  
\$20.00 Check #36158  
Filing ID: 1086741  
Doc No: 826124-001

ARTICLES OF AMENDMENT  
OF  
CENTRAL WASHINGTON FAMILY MEDICINE

Pursuant to the provisions of the Washington Nonprofit Corporation Act, Chapter 24.03 RCW, the following Articles of Amendment are submitted for filing for the purpose of amending the Articles of Incorporation of Central Washington Family Medicine.

ARTICLE I

The name of this corporation is Central Washington Family Medicine (the 'Corporation').

ARTICLE II

The amendments to the Articles of Incorporation are as follows:

Article I of the Articles of Incorporation is amended to read:

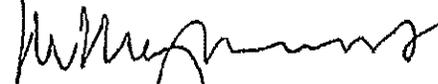
The name of the corporation is: COMMUNITY HEALTH OF CENTRAL WASHINGTON, a not-for-profit corporation.

ARTICLE III

The amendment was adopted by a consent in writing and signed by all of the members entitled to vote on February 14, 2006.

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment to be executed on this 11<sup>th</sup> day of April, 2006.

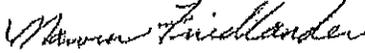
COMMUNITY HEALTH OF CENTRAL  
WASHINGTON

By:   
Name: Michael Masples, M.D.  
Title: CEO

Central Washington Family Medicine

Please use the employer identification number indicated in the heading of this letter on all returns you file and in all correspondence with the Internal Revenue Service. Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records. If you have any questions about this letter, or about filing requirements, excise, employment, or other federal taxes, please contact the Ohio TE/GE Customer Service office at 877-829-5500 (a toll free number) or correspond with that office using the address indicated above.

Sincerely,

  
Marvin Friedlander  
Manager, Exempt Organizations  
Technical Group 1

Enclosure:  
Form 872-C

Central Washington Family Medicine

In the heading of this letter we have indicated whether you must file Form 990, *Return of Organization Exempt from Income Tax*. If "Yes" is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If your gross receipts each year are not normally more than \$25,000, we ask that you establish that you are not required to file Form 990 by completing Part I of that Form for your first year. Thereafter, you will not be required to file a return until your gross receipts exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it. Form 990 should be filed with the Ogden Service Center, Ogden, UT 84201-0027.

You are required to make your Form 990 available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and this exemption letter. Copies of these documents must be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, *Tax-Exempt Status for Your Organization*, or you may call our toll free number shown above.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, *Exempt Organization Business Income Tax Return*. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue service. (Revenue Ruling 56-304, 1956-2 C.B. 306.)

Central Washington Family Medicine

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Donors (including private foundations) may rely on the advance ruling that you are not a private foundation until 90 days after your advance ruling period ends. If you submit the information that will be requested by the Ohio TE/GE office within the 90 days, donors may continue to rely on the advance ruling until a final determination of your foundation status is made. However, if notice that you will no longer be treated as the type of organization indicated above is published in the Internal Revenue Bulletin, donors may not rely on this advance ruling after the date of such publication. Also, donors (other than private foundations) may not rely on the classification indicated above if they were in part responsible for, or were aware of, the act that resulted in your loss of that classification, or if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification. Private foundations may rely on the classification as long as you were not directly or indirectly controlled by them or by disqualified persons with respect to them. However, private foundations may not rely on the classification indicated above if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification.

You are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act.

If it is determined that you are a private foundation, you will be subject to excise taxes under Chapter 42 of the Code. You also may be subject to other federal excise taxes. If you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. In this letter we are not determining whether any of your present or proposed arrangements would be considered an excess benefit transaction resulting in tax under section 4958.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fund-raising events may not necessarily qualify as fully deductible contributions, depending on the circumstances. If your organization conducts fund-raising events such as benefit dinners, shows, membership drives, etc., where something of value is received in return for payments, you are required to provide a written disclosure statement informing the donor of the fair market value of the specific items or services being provided. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that the donor can determine how much is deductible and how much is not. Your disclosure statement should be made, at the latest, at the time payment is received. Subject to certain exceptions, your disclosure responsibility applies to any fund-raising circumstance where each complete payment, including the contribution portion, exceeds \$75. In addition, donors must have written substantiation from the charity for any charitable contribution of \$250 or more.



TAX EXEMPT AND  
GOVERNMENT ENTITIES  
DIVISION

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

Date: MAY 5 2003

Central Washington Family Medicine  
c/o Donald R. Bolin  
1806 West Lincoln Avenue  
Yakima, WA 98902

Employer Identification Number:  
57-1140982  
Issuing Specialist:  
Steve Jankowitz ID#50-03610  
Toll Free Customer Service:  
877-829-5500  
Accounting Period Ending:  
June 30  
Foundation Status Classification:  
509(a)(1) & 170(b)(1)(A)(vi)  
Advance Ruling Period Begins:  
December 5, 2002  
Advance Ruling Period Ends:  
June 30, 2007  
Form 990 Required:  
Yes

Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) indicated above. Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates indicated above.

Please notify the Ohio Tax Exempt and Government Entities (TE/GE) Customer Service office if there is any change in your name, address, sources of support, purposes or method of operation. If you amend your organizational document or bylaws, please send a copy of the amendment to that office. The mailing address is: Internal Revenue Service, TE/GE Customer Service, P.O. Box 2508, Cincinnati, OH 45201.

Prior to the end of your advance ruling period, the Ohio TE/GE office will send you a letter requesting the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: December 3, 2006

COMMUNITY HEALTH OF CENTRAL WASHINGTON  
% MICHAEL MAPLES MD CEO  
1806 W LINCOLN AVE  
YAKIMA WA 98902-2473

Person to Contact:  
Mrs. Jones 31-03886  
Toll Free Telephone Number:  
877-829-5500  
Employer Identification Number:  
57-1140982  
Advance Ruling Period Ends:  
June 30, 2007

Dear Sir or Madam:

This is in response to your letter of November 3, 2006, regarding your tax exempt status. We corrected our records to reflect your new name. We changed your name from Central Washington Family Medicine to the name shown above.

Our records indicate that a determination letter was issued in May 2003 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code. Our records also indicate that you are classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code until the advance ruling period ending date shown above.

Within 90 days from the end of the advance ruling period, you must submit Form 8734, *Support Schedule for Advance Ruling Period*, in order for us to determine whether you meet the applicable public charity support tests.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your public charity status.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations

## EMAIL OPT-IN

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By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## SIGNATURE/ ATTESTATION

---

First Name:

LISA

Last Name:

MARTIN

Date:

01/02/2019

Phone Number:

509-494-6700

07/01/2010 06/30/2011 \$6,954,790.00 \$19,194,247.00 \$15,105,394.00 \$18,606,178.00 \$7,542,859.00 81%

**Solicitation Comments:**

Did the Organization solicit or collect contributions in WA during the accounting year reported?- No

Is the Organization registered to solicit outside of WA?- No

Does the Organization pay any of its officers or employees?- Yes

First Name	Last Name
Mike	Maples
Paul	Kadchmitter
Michael	Schaffrinna

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## PERSONS ACCEPTING RESPONSIBILITY

### Current Officers or Persons Accepting Responsibility for the Organization

First Name	Last Name	Title	Phone #	Address
Paul	Kaschmitter	Officer		
Mike	Maples	Officer		

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## FINANCIAL PREPARER

### Person or Business that Prepares, Reviews or Audits Financial Information:

Type:

**Business**

Business Name:

**CLIFTONLARSONALLEN**

Representative First Name:

**RALPH**

Representative Last Name:

**CONNER**

Title:

**CPA, ENGAGEMENT PRINCIPAL**

Address:

**610 NORTH 39TH AVE, YAKIMA, WA, 98902, USA**

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## LEGAL INFORMATION

Do you have any Legal Actions? - No

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## COMMERCIAL FUNDRAISERS

Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA?- No

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## RETURN ADDRESS FOR THIS FILING

Attention:

**LISA MARTIN**

Email:

**LISA.MARTIN@CHCW.ORG**

Address:

**501 S. 5TH AVENUE, YAKIMA, WA, 98902-3550, USA**

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## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

Is Foreign Contact:

No

Country Code:

1

Phone Number:

5094946700

Ext:

Mailing Address:

501 S 5th Ave, YAKIMA, WA, 98902, USA

Street Address:

501 S 5th Ave, YAKIMA, WA, 98902, USA

Do you use any other addresses for Solicitation -

No

## FINANCIAL INFORMATION

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Accounting year beginning date:

07/01/2017

Accounting year ending date:

06/30/2018

Beginning Gross Assets:

\$0.00

Ending Gross Assets:

\$19,476,072.00

Revenue

Gross Contributions from Solicitations:

\$0.00

Gross Revenue from All Other sources:

\$36,845,047.00

Total Dollar Value of Gross Receipts:

\$36,845,047.00

Expenses

Gross Expenditures from Program Services:

\$30,027,692.00

Total Gross from All Expenditures:

\$34,864,638.00

Percent to Program Services:

86%

## FINANCIAL HISTORY

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Fiscal Begin Date	Fiscal End Date	Begin Assets	Revenue	Program Services	Expenses	End Assets	% To Program Services
07/01/2016	06/30/2017	\$16,072,441.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
07/01/2015	06/30/2016	\$15,297,050.00	\$30,468,491.00	\$26,172,783.00	\$29,693,100.00	\$16,072,441.00	88%
07/01/2014	06/30/2015	\$11,544,896.00	\$30,325,947.00	\$23,695,126.00	\$26,573,793.00	\$15,297,050.00	89%
07/01/2013	06/30/2014	\$9,625,404.00	\$27,660,326.00	\$22,811,974.00	\$25,740,834.00	\$11,544,896.00	89%
07/01/2012	06/30/2013	\$9,040,877.00	\$23,263,814.00	\$19,956,923.00	\$22,679,287.00	\$9,625,404.00	88%
07/01/2011	06/30/2012	\$7,542,859.00	\$22,064,746.00	\$16,654,450.00	\$20,566,728.00	\$9,040,877.00	81%



Filed  
Secretary of State  
State of Washington  
Date Filed: 01/02/2019  
Effective Date: 01/02/2019  
Registration No: 1131591

## Charity Renewal

### ORGANIZATION INFORMATION

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Organization Name:

**COMMUNITY HEALTH OF CENTRAL WASHINGTON**

Registration Number :

**1131591**

Also known as Names:

Name

CENTRAL WASHINGTON FAMILY MEDICINE

COMMUNITY HEALTH OF CENTRAL WASHINGTON - ELLENSBURG

ELLENSBURG DENTAL CARE

NACHES MEDICAL CLINIC

SENIOR & RESIDENTIAL CARE

YAKIMA PEDIATRICS

HIGHLAND CLINIC

Purpose/Mission of the Organization:

**Community Health Of Central Washington provides quality health care through service and education.**

FEIN Number:

**57-1140982**

Federal Tax-Exempt Status:

**Yes**

Federal Status Type:

**501(c)(3)**

UBI Number:

**602 254 033**

Is this Charitable Organization associated with any Corporation or LLC?-

**Yes**

Organizational Structure:

Jurisdiction:

**WASHINGTON**

### CONTACT INFORMATION

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Organization Email:

**LISA.MARTIN@CHCW.ORG**

Confirm Organization Email:

**LISA.MARTIN@CHCW.ORG**

Organization Website:

**WWW.CHCW.ORG**