



## Accountability

### About the YRMC Foundation

- Founded 1999
- Not-For-Profit 501(c)(3) Organization
- Independent Volunteer Voting Board Members (*see addenda*)
- Documents Board Meeting Minutes
- Conflict of Interest Policy
- 100% of Donated Funds Invested in YRMC Programs
- 17 Donor-Directed Funds (Areas of Need)
- Audited Financials Prepared by Independent Accounting Firm
- [Charity Navigator Profile](#) (*Note: does not rate healthcare organizations*)
- [GuideStar Profile](#)

### Purpose

The YRMC Foundation inspires and nurtures a sacred relationship with Yavapai Regional Medical Center and our communities to ensure excellence in health and healing.

### Mission

We provide the vehicle for donors to express philanthropy and touch all the people of our communities. We develop funds through inspired donor involvement in order to ensure YRMC's ability to meet ongoing healthcare needs.

## Values

*Stewardship:* Managing and nurturing the relationship with donors by recognizing and honoring the many gifts of time, talent and financial resources they have entrusted to the YRMC Foundation.

*Integrity:* Earning the trust and loyalty of our supporters, we consistently demonstrate that we honor the trust placed in us. The relationships that are critical to our success depend entirely on maintaining the highest ethical and moral standards.

*Respect:* Believing in the inherent worth of people and always honoring our relationships with our supporters by treating each individual with the highest degree of dignity, gratitude and trust.

*Inspiration:* Engaging the hearts and dreams of our supporters, the Foundation ensures that YRMC exceeds the expectations of our communities through excellence in health and healing.

~ ~ ~

## Addenda:

Yavapai Regional Medical Center (YRMC) Foundation

- *YRMC Foundation Board Roster*
- *501(c)(3) Letter of Determination – EIN 86-1038463*
- *Foundation W-9 Form*

Yavapai Community Hospital Association (dba Yavapai Regional Medical Center)

- *501(c)(3) Letter of Determination – EIN 86-0098923*
- *Hospital W-9 Form*

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Please contact the YRMC Foundation at (928) 771-5686 or [foundation@yrmc.org](mailto:foundation@yrmc.org) with any questions.

YRMC Foundation Board Roster - April 2020



**Dave Barrett, Chair**

*Owner, Barrett Propane, Prescott, AZ  
Member since 2013*



**Doug Bristol**

*CFO (Ret.), Yavapai Regional  
Medical Center, Prescott, AZ  
Member since 2017*



**John Stenger, Vice Chair**

*Senior Executive (Ret.), Hughes  
Aircraft Company, Prescott, AZ  
Member since 2018*



**Harvey Skoog**

*Mayor (Ret.), Town of Prescott  
Valley, Prescott Valley, AZ  
Member since 2018*



**Jim Muehleisen, Treasurer**

*Colonel USAF (Ret.), General Dynamics  
Corporation (Ret.), Prescott, AZ  
Member since 2014*



**Jane Kaiser**

*Partner (Ret.), Faegre & Benson LLP;  
current Director of Investments,  
Kaiser Family Office, Prescott, AZ  
Member since 2020*



**Bill Sonsin, Secretary**

*Certified Financial Planner (Ret.),  
American Express/Ameriprise, Prescott, AZ  
Member since 2017*



**John Amos**

*President and CEO, Yavapai  
Regional Medical Center, Prescott, AZ  
Member since 2013*

EMERITUS MEMBERS

Ron Harvey, MD †, YRMC Physician (Ret.), Prescott, AZ

Joe Jackson †, President of Garrett Aviation (Ret.), Prescott, AZ

Roger Stewart †, Banker (Ret.), First Interstate Bank, Prescott Valley, AZ

Seymour Dicker (past Chair), Trial Lawyer (Ret.), Prescott, AZ

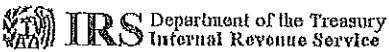
Kevin Keighron, COO (Ret.), Yavapai Regional Medical Center, Prescott, AZ

Rev. Kimball C. Arnold, YRMC Volunteer Chaplain, Prescott, AZ

Linda Medina, RN (past Chair), Nurse Executive (Ret.), Prescott, AZ

Rowle Simmons, Yavapai County Board of Supervisors (Ret.), Former Mayor  
of Prescott, Prescott, AZ

† In memoriam



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077567774  
July 17, 2015 LTR 4168C 0  
86-1038463 000000 00  
00032554  
BODC: TE

YAVAPAI REGIONAL MEDICAL CENTER  
FOUNDATION  
% BRIAN HOEFLE CFO  
1003 WILLOW CREEK RD  
PRESCOTT AZ 86301-1641

030837

Employer Identification Number: 86-1038463  
Person to Contact: K GLEASON  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 29, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in February 2002.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(3).

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.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077567774

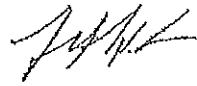
July 17, 2015 LTR 4168C 0  
86-1038463 000000 00

00032555

YAVAPAI REGIONAL MEDICAL CENTER  
FOUNDATION  
% BRIAN HOEFLE CFO  
1003 WILLOW CREEK RD  
PRESCOTT AZ 86301-1641

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

Sincerely yours,



Jeffrey L. Cooper  
Director, EO Rulings & Agreement

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>YAVAPAI REGIONAL MEDICAL CENTER FOUNDATION</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> <b>C Corporation</b></p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1003 WILLOW CREEK ROAD</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code <b>PRESCOTT, AZ 86301-1641</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
			-				-			
<b>or</b>										
<b>Employer identification number</b>										
8	6		-	1	0	3	8	4	6	3

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ <i>Lee R. Livin</i></p>	<p>Date ▶ 02/14/2020</p>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

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

Department of the Treasury

Date: July 14, 2015

YAVAPAI COMMUNITY HOSPITAL ASSOCIATION  
DBA YAVAPAI REGIONAL MEDICAL CENTER  
% FINANCE  
1003 WILLOW CREEK RD  
PRESCOTT AZ 86301-1641 037

**Person to Contact:**

Ms Singleton – ID# 0203345

**Toll Free Telephone Number:**  
877-829-5500

**Employer Identification Number:**  
86-0098923

Dear Sir or Madam:

This is in response to your June 29, 2015 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1944.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(iii).

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.

Please refer to our website [www.irs.gov/charities](http://www.irs.gov/charities) for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at [IRS.gov](http://IRS.gov).

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; font-weight: bold;">YAVAPAI COMMUNITY HOSPITAL ASSOCIATION</span>	
<b>2</b> Business name/disregarded entity name, if different from above <span style="font-size: 1.2em; font-weight: bold;">YAVAPAI REGIONAL MEDICAL CENTERS</span>	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> <b>C Corporation</b> <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; font-weight: bold;">1003 WILLOW CREEK ROAD</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em; font-weight: bold;">PRESCOTT, AZ 86301-1641</span>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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<b>Social security number</b>											
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<b>or</b>											
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> </tr> </table>	8	6	-	0	0	9	8	9	2	3	
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<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-family: cursive; font-size: 1.2em;">Lee R. Livin</span>	Date ▶	01/30/2020
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