



Town of Wickenburg

Bed Tax Marketing Grant Application

Organization Name: Wickenburg Community Hospital (WHC)

Address: 520 Rose Lane, Wickenburg AZ 85391

Phone: 928-684-0483 2nd Phone: _____

Email: www.wickhosp.com

Contact Name and Title: Claudia Summers Grant Manager

Scope of Work:

Wickenburg Community Hospital "Enhancing Health and Wellness Tourism."

WHC is an integral role in supporting health-related tourism, seasonal visitors services,

and regional outreach that align with the economic and promotional goals of the Town.

WCH provides essential medical services to hundreds of out-of-town patients -- including

winter visitors, tourists, and rural residents.

Funding Amount Requested: \$5,000.00

Claudia Summers Grant Manager 7/21/2025

Authorized Agency Representative

Title

Date

Enhancing Health and Wellness Tourism through Wickenburg Community Hospital

Wickenburg Community Hospital respectfully submits this request for consideration under the Town of Wickenburg Bed Tax Marketing Award by highlighting its integral role in supporting health-related tourism, seasonal visitor services, and regional outreach that align with the economic and promotional goals of the Town.

As a nonprofit Critical Access Hospital serving a 3,300-square-mile rural and medically underserved region, WCH plays a vital role in ensuring high-quality healthcare for both year-round residents and the thousands of seasonal visitors who travel to Wickenburg between October and April. Each year, WCH provides essential medical services to hundreds of out-of-town patients—including tourists, winter visitors, and rural residents from Aguila, Congress, Wittmann, Morristown, and Yarnell—many of whom combine their medical appointments with overnight stays in local hotels, resorts, or RV parks, directly contributing to the hospitality economy that the Bed Tax program supports.

To further expand its positive impact, WCH has launched a “Wellness in Wickenburg” marketing initiative that includes:

- Promoting outpatient and diagnostic services to seasonal visitors and traveling retirees.
- Partnering with local hotels, resorts, and RV communities to provide health and wellness education, preventive screenings, and convenient care access points.
- Actively participating in community events such as Gold Rush Days, the Bluegrass Festival, and seasonal art walks by offering on-site first aid, wellness checks, and health information booths.
- Collaborating with the Wickenburg Art Center to showcase healing arts exhibits at the hospital, drawing cultural tourists and art enthusiasts during peak visitation periods.

WCH further supports the Town’s tourism and outreach goals through additional impactful programs, including:

- Pink Ribbon Angels, a volunteer-led initiative offering free breast exams and mammogram referrals to women in need, with outreach targeting both local and visiting populations.
- The WCH Mobile Clinic, which brings preventive and urgent care services to outlying and underserved communities, including seasonal encampments and event locations.
- A Prescription Transportation Vehicle funded by Pink Ribbon Angels to ensure patients—particularly seniors and those without transportation—can access necessary medications from town pharmacies.
- Ongoing collaboration with the Wickenburg Rotary Club during key community events, where WCH provides voluntary health services and strengthens civic ties through shared outreach.

- Participation in Chamber of Commerce initiatives, ensuring continued growth of community relationships and promoting WCH as a central partner in regional economic development.

Funding through the Bed Tax Marketing Award will enable WCH to create visitor-focused digital and print media, develop seasonal campaigns highlighting Wickenburg as a health-forward destination, and deploy outreach materials at community events and hospitality sites. These efforts will position Wickenburg not only as a hub for Western heritage and recreation, but also as a trusted place of rest, rejuvenation, and care.

With over a century of commitment to the health and well-being of the region, Wickenburg Community Hospital is proud to align with the Town's vision of tourism-driven economic vitality, and respectfully requests support to expand its role in wellness-focused visitor engagement.

Brief Description of the Proposed Program/Event/Activity (25 points, max 500 words)

Wickenburg Community Hospital (WCH), a nonprofit Critical Access Hospital, proposes the “Enhancing Health and Wellness Tourism” initiative to promote Wickenburg as a destination for accessible, quality health care integrated into a Western heritage experience. This initiative aligns with the Town’s economic and tourism goals by supporting seasonal visitor services, regional outreach, and community-based health programming.

Each year, WCH provides services to thousands of winter visitors, health tourists, and regional residents from Aguila, Yarnell, Morristown, Wittmann, and Congress. Many of these patients combine their medical visits with tourism and seasonal stays. WCH's Mobile Clinic extends primary and preventive services to outlying areas and supports regional health fairs, while the hospital campus provides outpatient surgery, imaging, rehabilitation, and urgent care, making it a central draw for health-minded tourists.

The proposed Bed Tax Marketing Grant (BTMG) funds—up to \$5,000—will be used to develop digital marketing content, community engagement materials, and promotional media to increase awareness of WCH’s regional services. Marketing will focus on seasonal publications, social media campaigns, event promotion (e.g., wellness fairs), and outreach materials targeting visiting populations.

This initiative builds on existing partnerships with:

- **Pink Ribbon Angels** (free breast screenings and education),
- **WCH Mobile Health Clinic** (serving outlying towns),
- **Wickenburg Rotary Club** (volunteer staffing at outreach events), and
- **Wickenburg Chamber of Commerce** (joint promotion at community events).

With the BTMG's support, WCH aims to enhance its visibility as a wellness destination and economic asset while continuing to serve the medical needs of tourists and residents alike. 251

2. Demonstrate the Need for the Project/Program (25 points, max 300 words)

Wickenburg sits at the heart of a 3,300-square-mile service area, drawing thousands of seasonal visitors and tourists, many of whom are seniors with ongoing health needs. This medically underserved region often lacks access to specialty care, preventive screenings, and urgent services. As a result, WCH has become a regional hub for health access.

Despite WCH’s role in providing care for these visitors, its visibility in tourism and marketing spaces remains limited. Health tourism is a growing industry, and Wickenburg has untapped potential to serve this niche by promoting its medical infrastructure as part of the overall visitor experience. Visitors often seek destinations where health and wellness are supported—especially in cases of recurring seasonal stays or chronic condition management.

By funding targeted marketing efforts, the Town can support WCH in reaching these audiences more effectively, encouraging longer visitor stays, repeat travel, and trust in local services. This effort complements the Town's broader economic goals by making Wickenburg not only a historical and recreational destination but also a reliable health and wellness provider. 172

3. Specify Total Number of People Expected to Be Served (20 points, max 300 words)

During the proposed funding year, the "Enhancing Health and Wellness Tourism" initiative is expected to serve **over 7,500 individuals**, including:

- **5,000+ seasonal visitors and tourists** who access WCH services during peak months (October to April),
- **2,000 rural residents** from surrounding communities (Congress, Aguila, Yarnell, Morristown, Wittmann),
- **500+ Wickenburg full-time residents** who benefit from the increased access to community events, health screenings, and education through promotional partnerships.

The outreach impact will be amplified through digital content targeting thousands more via social media platforms, the Chamber of Commerce visitor page, community event booths, and cross-promotion with tourism agencies.

This initiative will also support the Town's economic development by encouraging return visits, increasing length of stays, and promoting Wickenburg as a safe and health-conscious destination for retirees, families, and working professionals alike. 132

4. Identify One Goal and Three Measurable Objectives (20 points, max 300 words)

Goal:

Position Wickenburg as a recognized destination for health and wellness tourism, promoting local services and community wellbeing.

Objective 1:

Create and distribute at least **5 targeted digital marketing pieces** (including social media ads, seasonal outreach, and wellness service promotions) to reach an estimated **15,000 online viewers** during the funded year.

Objective 2:

Increase the number of visitors participating in WCH-affiliated health events (e.g., screenings, fairs, info booths) by **15%** compared to the previous year, tracked via sign-in sheets and program metrics.

Objective 3:

Establish at least **three collaborative promotions** with local organizations (e.g., Chamber of

Commerce, tourism vendors, senior centers) to jointly market WCH's health and wellness services as part of the Wickenburg visitor experience.

These measurable activities ensure that the investment directly contributes to tourism growth and better public health outcomes. 133

5. Provide Evidence of Other Leveraged Resources (10 points, max 300 words)

WCH will leverage multiple internal and external resources to maximize the impact of the Bed Tax Marketing Grant:

- **In-Kind Support from WCH Marketing Team:** Design and content creation will be completed in-house, eliminating outsourcing costs.
- **Partnerships:** The Wickenburg Chamber of Commerce will provide co-marketing opportunities at visitor events and town-wide festivals; the Rotary Club provides volunteer support for outreach programs.
- **Pink Ribbon Angels and WCH Foundation:** Provide funding and volunteer staffing for free breast screening clinics and health education events promoted through this campaign.
- **Mobile Clinic Program:** Already funded through general operating grants and mobile outreach initiatives; BTMG marketing efforts will highlight the reach and value of this service in attracting visitors.

Together, these partnerships and contributions will extend the value of the Town's investment and demonstrate strong community collaboration. 134

Marketing Activity	Estimated Annual Cost (\$)
Design and printing of visitor brochures	900
Seasonal digital ad placements (Google/Facebook)	1200
Health & wellness event outreach materials	800
RV park & hotel health promo partnerships	600
Visitor welcome packet inserts (local events)	500
Chamber of Commerce & tourism guide inclusion	500
First aid booth signage and supplies	500
Total	5000

Wickenburg Community Hospital Board as of July 21, 2025

Ed Kientz - Chairman
Dennis Lauterbah – Vice Chairman
Dean Sandvick – Treasurer
John Summers – Secretary
Deborah Bateman – Director
Penny Marin – Director
Jeanie Hawkins – Director
Cynthia Clark – Director
Dr. Aspasia Angelou – Director
Sharon Lind – Director
Brian Warnock – Director
Harry Oberg – Director
George Valverde - Director

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: May 12, 2003

**Community Hospital Association, Inc.
520 Rose Lane
Wickenburg, AZ 85390-1447**

Person to Contact:
Jeremy L. Vogelpohl 31-03888
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
86-0096775
Accounting Period Ends:
December 31

Dear Sir or Madam:

This is in response to your request of May 12, 2003 regarding your organization's tax exempt status.

In February 1948 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

We classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(iii) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

Your organization is required to file Form 990, *Return of Organization Exempt from Income Tax*, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more the organization pays to each of its employees during a calendar year. There is no liability for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <u>Community Hospital Association Inc.</u>		
	2 Business name/disregarded entity name, if different from above. <u>Wickenburg Community Hospital</u>		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <u>S</u> Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐		
5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

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.

Sign Here	Signature of U.S. person <u>[Signature]</u>	Date <u>7-21-2025</u>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

It appears that the IRS has not yet made available the **Form 990 for Wickenburg Community Hospital (EIN 86-0096775) for the 2024 fiscal year**. According to ProPublica's Nonprofit Explorer, the organization's **Form 990 for fiscal year ending December 2024 (filed in 2025)** is currently **not publicly accessible**, whereas the **2023 return (filed October 11, 2024)** is available GuideStar+4ProPublica+4Cause IQ+4.

☒ **Current Status Summary**

Entity	Tax Period	Filing Status/Public Access
Wickenburg Community Hospital (86-0096775)	2023 (ending Dec 2023)	Available (via IRS/Cause IQ) <u>GuideStar+7Cause IQ+7GuideStar+7ProPublica</u>
Wickenburg Community Hospital (86-0096775)	2024 (ending Dec 2024)	Not available yet <u>ProPublica</u>

i What this means

- The most recently available **Form 990 for Wickenburg Community Hospital itself is for the 2023 tax year**, received by the IRS on **October 11, 2024** TaxExemptWorld+8Cause IQ+8Cause IQ+8.
 - **No Form 990 for the 2024 fiscal year is currently accessible**, and it's common for filings to appear several months after close of the tax year—often in late 2025.
 - The Hospital Foundation has posted filings up through 2022; the **2023 and 2024 returns are still pending publication** Wickenburg Community Hospital FoundationProPublica.
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Form **990****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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application
- ☒ Pending

C Name of organization
Community Hospital Association IncDoing business as
Wickenburg Community HospitalNumber and street (or P.O. box if mail is not delivered to street address) Room/suite
520 Rose LaneCity or town, state or province, country, and ZIP or foreign postal code
Wickenburg, AZ 85390F Name and address of principal officer:
David Woodruff
520 Rose Lane
Wickenburg, AZ 85390

D Employer identification number

86-0096775

E Telephone number

(928) 684-5421

G Gross receipts \$ 49,785,409

Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527Website: www.wickhosp.comH(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

L Year of formation: 1946

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

Provide quality health and wellness services where patient, family and community come first.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	12
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	346
6	Total number of volunteers (estimate if necessary)	45
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	537,651	2,085,080
9 Program service revenue (Part VIII, line 2g)	44,678,759	47,582,708
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	114,031	24,160
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,118	85,260
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,431,559	49,777,208
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	18,709,734	20,761,415
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 170,698		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,987,291	28,665,663
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,697,025	49,427,078
19 Revenue less expenses. Subtract line 18 from line 12	-3,265,466	350,130
20 Total assets (Part X, line 16)	31,918,445	32,125,877
21 Total liabilities (Part X, line 26)	26,832,530	26,801,135
22 Net assets or fund balances. Subtract line 21 from line 20	5,085,915	5,324,742

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
David Woodruff CFO
Type or print name and title2024-10-11
Date

Print/type preparer's name

Preparer's signature

Date
2024-10-11Check ☐ if self-employedPTIN
P00193453**Paid Preparer Use Only**

Firm's name Elde Bailly LLP

Firm's address 4585 Coleman St Ste 200

Firm's EIN 45-0250958

Phone no. (701) 255-1091