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Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
P O BOX 1232

City or town, state or country, and ZIP + 4
FRESNO, CA 93715

D Employer identification number
94-1156276

E Telephone number
(559) 469-6000

G Gross receipts $ 1,027,369,935

F Name and address of principal officer
TIM JOSLIN
2440 TULARE ST 4TH FLR
FRESNO, CA 93721

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MEDWATCHTODAY COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Fresno Community Hospital and Medical Center's (FCH&MC's) mission is to improve the health status of the community and to promote medical education (See Schedule O for additional information)

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)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of employees (Part V, line 2a)	**5**	6,293
6	Total number of volunteers (estimate if necessary)	**6**	900
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,399,784	1,047,226
9	Program service revenue (Part VIII, line 2g)	1,000,574,063	1,012,726,037
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,892,372	10,237,869
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,187,787	3,206,501
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,010,054,006	1,027,217,633
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	474,542,973	496,792,999
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	469,606,593	521,099,634
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	944,149,566	1,017,892,633
19	Revenue less expenses Subtract line 18 from line 12	65,904,440	9,325,000

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	936,661,431	1,184,219,492
21	Total liabilities (Part X, line 26)	469,119,262	705,840,026
22	Net assets or fund balances Subtract line 21 from line 20	467,542,169	478,379,466

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

****** 2011-07-13
Signature of officer Date

Roger Fretwell Controller
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Edward J Hashim			

Firm's name (or yours if self-employed), address, and ZIP + 4
Baker Peterson & Franklin CPA LLP
970 W Alluvial 101
Fresno, CA 93711

EIN ▶

Phone no ▶ (559) 432-2346

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Fresno Community Hospital and Medical Center's (FCH&MC's) mission is to improve the health status of the community and to promote medical education (See Schedule O for additional information)

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 933,272,738 including grants of $ 1,047,226) (Revenue $ 1,012,726,037)

Health Care Services Fresno Community Hospital and Medical Center operates three acute hospitals and numerous outpatient centers, clinics and other services which meet the health care needs of the community

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 933,272,738

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII.*			
	• 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? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. 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			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	6,293		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			No
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			No
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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			No
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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	12		
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?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?				No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
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 in Schedule O				No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROGER FRETWELL
1925 W DAKOTA STE 206
Fresno, CA 937264821
(559) 459-6000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	1,604,383	5,561,328	875,605

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 792

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
REGIONAL EMERGENCY MEDICAL GROUP 1180 E SHAW AVENUE SUITE 101 FRESNO, CA 93710	MEDICAL	2,842,332
HAMMEL GREEN AND ABRAHAMSON INC 1918 MAIN STREET THIRD FLOOR SANTA MONICA, CA 90405	ARCHITECTURE	5,562,093
COMMUNITY REGIONAL ANESTHESIA 1180 E SHAW AVENUE SUITE 101 FRESNO, CA 93710	MEDICAL	6,106,264
COMMUNITY HOSPITAL MEDICAL GROUP 1180 E SHAW AVENUE SUITE 101 FRESNO, CA 93710	MEDICAL	13,133,344
CENTRAL CALIFORNIA FACULTY MEDICAL PO BOX 5254 FRESNO, CA 93755	MEDICAL	26,411,267
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	947,556			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	99,670			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			1,047,226		
Program Service Revenue			Business Code				
	2a	Other Revenues		900,009	13,924,969	13,924,969	
	b	Medical service		900,099	993,657,742	993,657,742	
	c	Captive Insurance Revenue		900,009	5,143,326	5,143,326	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			1,012,726,037		
	3	Investment income (including dividends, interest and other similar amounts)			10,390,171		10,390,171
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		152,302			
	c	Gain or (loss)		-152,302			
	d	Net gain or (loss)			-152,302		-152,302
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue		Business Code			
	11a	Hospital cafeteria rev		722,320	3,206,501		3,206,501
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			3,206,501		
	12	**Total revenue.** See Instructions			1,027,217,633	1,012,726,037	13,444,370

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,797,933		7,797,933	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	394,650,528	362,203,615	32,446,913	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,225,222	13,702,700	1,522,522	
9 Other employee benefits	51,060,272	45,954,245	5,106,027	
10 Payroll taxes	28,059,044	25,253,140	2,805,904	
11 Fees for services (non-employees)				
a Management	0			
b Legal	12,782		12,782	
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	413,791		413,791	
g Other	71,308,795	71,308,795		
12 Advertising and promotion	959,041		959,041	
13 Office expenses	4,947,720		4,947,720	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,015,737	15,015,737		
17 Travel	813,276		813,276	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	17,634,121	17,634,121		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	39,836,000	33,196,667	6,639,333	
23 Insurance	11,552,818	9,627,348	1,925,470	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies expenses	131,848,995	121,795,985	10,053,010	
b Other services	26,432,317	23,495,393	2,936,924	
c Other expenses	35,260,206	31,258,707	4,001,499	
d Drug costs	32,928,902	32,928,902		
e Bad debt	111,995,384	111,995,384		
f All other expenses	20,139,749	17,901,999	2,237,750	
25 **Total functional expenses.** Add lines 1 through 24f	1,017,892,633	933,272,738	84,619,895	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		32,788,365	1	74,054,664
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		155,450,458	4	128,463,458
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		10,245,395	8	11,109,870
	9	Prepaid expenses and deferred charges		2,530,034	9	1,531,271
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 817,794,013			
	b	Less accumulated depreciation	10b 308,417,645	453,325,204	10c	509,376,368
	11	Investments—publicly traded securities		148,386,345	11	158,536,004
	12	Investments—other securities See Part IV, line 11		22,080,438	12	164,187,030
	13	Investments—program-related See Part IV, line 11		5,465,153	13	6,367,148
	14	Intangible assets		1,334,354	14	2,693,030
	15	Other assets See Part IV, line 11		105,055,685	15	127,900,649
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		936,661,431	16	1,184,219,492
Liabilities	17	Accounts payable and accrued expenses		98,181,358	17	107,011,088
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		336,460,964	20	533,993,101
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,896,520	23	28,681,658
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		31,580,420	25	36,154,179
	26	**Total liabilities.** Add lines 17 through 25		469,119,262	26	705,840,026
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		467,542,169	27	478,379,466
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		467,542,169	33	478,379,466
	34	Total liabilities and net assets/fund balances		936,661,431	34	1,184,219,492

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		No

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 94-1156276
Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
WANDA HOLDERMAN CEO, FRESNO HEART	0					X		424,629	0	44,800
TRACY KIRITANI CFO	40 00					X		266,402	0	9,773
TIM JOSLIN CEO	40 00			X				0	980,884	381,821
THOMAS UTECHT SENIOR VP	40 00				X			0	390,809	39,505
SUSAN ABUNDIS CHAIR WOMAN	3 50	X						0	0	0
STEPHEN WALTER SR VP & CFO	40 00			X				0	632,882	46,384
RALPH GARCIA BOARD MEMBER	1 50	X						0	0	0
PHYLLIS BALTZ COO	40 00				X			0	397,414	16,464
PATRICK RAFFERTY EXEC VP & COO	40 00				X			0	631,951	52,471
MICHAEL SYNN MD BOARD MEMBER	3 00	X						0	188,667	0
MICHAEL PETERSON MD BOARD MEMBER	2 00	X						0	0	0
MARY CONTRERAS SENIOR VP	40 00					X		276,555	0	45,600
MARY CONTRERAS SENIOR VP	40 00				X			0	0	0
MARK MATHIESON SENIOR VP	40 00				X			0	238,605	9,396
MARK BORBA Secretary	2 50	X						0	0	0
MARIO GONZALEZ JR MD BOARD MEMBER	2 50	X						0	119,732	0
MANUEL CUNHA JR BOARD MEMBER	1 00	X						0	0	0
LINZIE DANIEL BOARD MEMBER	1 50	X						0	0	0
KEVIN FOLLANSBEE BOARD MEMBER	12 00	X						0	0	0
KATHERINE FLORES MD BOARD MEMBER	2 50	X						0	0	0
JOSEPH NOWICKI CFO	40 00					X		363,422	0	9,800
JOHN ZELEZNY CCO	40 00				X			0	360,591	37,872
JACK CHUBB CEO CRMC	40 00				X			0	501,089	49,728
GREGORY RUBIOLO MANAGER	40 00					X		273,375	0	7,467
GINNY BURDICK SENIOR VP	40 00				X			0	278,419	33,703

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GENE KALLSEN MD BOARD MEMBER	2 00	X						0	0	0
FLORENCE DUNN BOARD MEMBER	1 50	X						0	0	0
FARID ASSEMI BOARD MEMBER	2 00	X						0	0	0
CRAIG CASTRO CEO, CLOVIS	40 00				X			0	476,549	54,961
BRIAN PACHECO BOARD MEMBER	2 50	X						0	0	0
ABDUL KASSIR SENIOR VP	40 00				X			0	363,736	35,860

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies expenses	131,848,995	121,795,985	10,053,010	
Other services	26,432,317	23,495,393	2,936,924	
Other expenses	35,260,206	31,258,707	4,001,499	
Drug costs	32,928,902	32,928,902		
Bad debt	111,995,384	111,995,384		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	383,593	383,593			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	383,593	383,593			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,953,814		31,953,814
b Buildings		456,282,275	135,007,561	321,274,714
c Leasehold improvements		1,187,927	613,448	574,479
d Equipment		256,425,759	172,796,636	83,629,123
e Other		71,944,238		71,944,238
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				509,376,368

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	164,187,030	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Investments - CII	84,000	C
Investment - CHS, LLC	1,000	C
Investment - AMI Realty	210,000	C
Investment - AMI Operating	4,695,659	C
Investment - C H E	1,376,489	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Reserve for professional liability	12,132,268
Receivable from affiliates	105,406,691
Other assets	1,542,140
Debt issuance costs	8,819,550
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	127,900,649

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Workers compensation reserve	24,646,400
Physician Guarantee Payable	2,162,732
Malpractice - IBNR	3,075,720
Group Health	2,527,524
Asset retirement obligation	3,741,803
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	36,154,179

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Donor Gifts Unconditional promises to give cash and other assets to CHCC, FCH or SHF are reported at fair market value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair market value at the date the gift is received and any conditions are substantially met The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets CHCC, FCH and SHF receive contributions from donors through the Community Hospitals of Central California Foundation (FND) When donor-imposed restrictions are met, either of time or specific purpose, the funds are released from restriction and transferred to the entity for which they were intended Endowment Funds, Part V Form 990 Part IV, Line 10, asks if the organization held endowment funds The instructions indicate that the question should be interpreted to include endowment funds held by related organizations Community Hospitals of Central California, Foundation (FND) maintains an endowment fund for this and other related entities Accordingly, this question is answered "Yes" and the amount of the fund is disclosed above in Part V It should be understood, however, that the fund exists only on FND's balance sheet

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			16,355,000		16,355,000	1 610 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			170,300,000	52,978,000	117,322,000	11 530 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			186,655,000	52,978,000	133,677,000	13 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			950,000		950,000	0 090 %
f Health professions education (from Worksheet 5)			39,761,000		39,761,000	3 910 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			40,711,000		40,711,000	4 000 %
k **Total.** Add lines 7d and 7j			227,366,000	52,978,000	174,388,000	17 130 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	111,995,384		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	198,243,871
6	Enter Medicare allowable costs of care relating to payments on line 5	6	201,985,224
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-3,741,353
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	AMI Realty Partners LP	Real Estate Investing	50 000 %		50 000 %
2	CA Imaging Institute LLC	Medical Imaging	50 000 %		50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Fresno Heart and Surgical 15 E Audubon Dr Fresno, CA 93720	X	X							SEE PART VI
Clovis Community Medical 2755 Herndon Clovis, CA 93612	X	X					X		SEE PART VI
Community Regional Medical 2823 Fresno St Fresno, CA 93721	X	X		X	X		X		SEE PART VI

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Fresno Community Hospital and Medical Center is governed by a volunteer board of trustees comprised of local civic leaders and physicians The trustees provide vision and policy direction This process includes an annual review of the prior fiscal year and a community-needs evaluation to prioritize operational issues and provide direction in meeting the regions growing and changing health demands

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

other

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

CMCs primary concentration of credit risk is patient accounts receivable and SB855 and SB1255 disproportionate share funds receivable, which consist of amounts owed by various government agencies, insurance companies, and private patients CMC manages the receivables by regularly reviewing its accounts and contracts and by providing appropriate allowances for uncollectible amounts

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection Practices CMC or outside collection agencies operating on behalf of the hospital shall not, in dealing with low-income uninsured and under-insured patients who are at or below 400% of the FPL, use wage garnishments or foreclosure of liens on primary residences as a means of collecting unpaid hospital bills

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Clinical research and trials There were a total of 155 research studies conducted by UCSF-Fresno faculty/fellows/residents last fiscal year Thirty-seven are funded by outside organizations Studies include Emergency Medicine testing an experimental antivenin for Black Widow spider bites, placing patient education computer/interactive kiosks in the emergency department providing information about urinary tract infections, Chlamydia and family planning, and the cause and diagnosis of methicillin-resistant Staphylococcus aureus (MRSA) Surgery utilizing an experimental vascular access graft for hemodialysis, examining the correlation of venous and arterial blood gases for trauma patients, and utilizing a medical device for early operative fixation vs non-operative management of severe rib fractures in trauma patients Pediatrics evaluating an infant and toddler developmental curriculum for residents Neurology two experimental medications for amyotrophic lateral sclerosis (Lou Gehrigs Disease), and one for myasthenia gravis, one for the secondary prevention of small subcortical strokes, and one for insulin resistance intervention after stroke Pediatrics an evaluation of an early childhood asthma program Family Medicine an evaluation of the California statewide area health education center program OB/GYN testing the use of a new fetal monitor Internal Medicine 10 studies testing the safety and efficacy of experimental medications for asthma, chronic obstructive pulmonary disease, emphysema, deep venous thrombosis, acute lung injury, HIV, and pulmonary arterial hypertension, a study evaluates trophic vs enteral feeding for patients with acute lung injury, one testing extravascular lung water in patients with acute lung injury, three are surveillance registries for patients with H1N1 (swine flu) and asthma and pediatric HIV/AIDS, and two examining the possible relationship between pesticide exposure and breast cancer Gastroenterology one study testing medications for hepatitis C, and two testing medications for hepatic encephalopathy Cardiology evaluating a small- vs large-bore needle for vascular access for angiograms/percutaneous intervention

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Community continues to seek creative solutions and partnerships that offer health benefits to Valley residents, ever conscious of the regions unique and growing needs For example, last fiscal year Community partnered with the Hospital Council of Northern and Central California, area hospitals, emergency services and county staff to address the growing public-health crisis brought on by cutbacks in Fresno Countys services to the behavioral health, so-called 5150 patients Community has also collaborated with the Hospital Council with respect to care of homeless patients and those who lack access to primary care physicians and, as a result, repeatedly use the emergency department for their care In response to increasing numbers of inappropriate frequent users of the ED as well as patients who have multiple readmissions, Community Connections was implemented September 2009 The voluntary program provides outreach, engagement and intensive case management services to such patients Community Connections Outreach Specialists (CCORS) provides direct client services such as monitoring and support, linkage to an array of social services, healthcare services, and community based organizations in efforts to connect patients to more appropriate services in the community that better address the issues of substance abuse, mental health, homelessness and chronic disease management CCORS assist patients in applying for benefits such as Social Security, Fresno County benefits (General Relief, MISP, Food Stamps), and Medi-Cal They attend appointments with patients at the Social Security office, primary care providers, mental health, substance abuse services and elsewhere, often assisting with completion of forms and follow-up as well as providing supportive counseling Community Connections has established a partnership with the Housing Authorities of the City and County of Fresno securing housing vouchers for individuals who have a disability and are homeless Community Connections also collaborates with the Fresno County Department of Behavioral Health, Holy Cross Clinic, Community Regional Diabetes Care Center, and the Community Regional Chronic Airway Disease Management programs Community Connections enrolled 80 clients in the 2009-2010 implementation year Of these 80 enrolled clients, 1% were homeless and linked to housing, 25% did not have a primary care provider and were linked to either the Deran Koligian Ambulatory Care Center or a community provider The following outcomes have been reported for patients enrolled for one year 60% decrease in ED visitsSignificant decrease in re-admissions and length of stayPatient linkage to Medi-Cal benefits enabling Community Regional to apply for retroactive reimbursement

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**	Yes	
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J, Part I, Line 6b	Part I, Line 6b Explanation of organization compensation contingent on net earnings from related or	The Community Medical Centers Executive Incentive Plan is designed to motivate and reward key members of the Executive Team for meeting specific and measurable goals at the Health System and individual levels The main objectives of the Plan are Motivate executives and reward them for improving CMC's operational performance,Increase community involvement and effectiveness,Increase Executive commitment to CMC's short and long term goals,Provide Executives with competitive but reasonable compensation, andAttract and retain highly talented Executives that are critically important to the success of CMC
Sch J, Part I, Line 5b	Part I, Line 5b Explanation of organization compensation based on revenues of related organization	
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Additional Data Return to Form

Software ID: 09000047
Software Version: 2009v1.7
EIN: 94-1156276
Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WANDA HOLDERMAN	(I) (II)	333,864	90,765		35,000	9,800	469,429	
TRACY KIRITANI	(I) (II)	222,150	44,252			9,773	276,175	
TIM JOSLIN	(I) (II)	780,843	200,041		372,413	9,408	1,362,705	
THOMAS UTECHT	(I) (II)	302,880	87,929		30,097	9,408	430,314	
STEPHEN WALTER	(I) (II)	524,128	108,754		36,976	9,408	679,266	
PHYLLIS BALTZ	(I) (II)	325,319	72,095			16,464	413,878	
PATRICK RAFFERTY	(I) (II)	484,191	147,760		43,062	9,409	684,422	
MICHAEL SYNN MD	(I) (II)			188,667			188,667	
MARY CONTRERAS	(I) (II)	204,795	71,760		26,000	19,600	322,155	
MARK MATHIESON	(I) (II)	238,605				9,396	248,001	
JOSEPH NOWICKI	(I) (II)	292,404	71,018		9,800		363,422 9,800	
JOHN ZELEZNY	(I) (II)	279,498	81,093		26,112	11,760	398,463	
JACK CHUBB	(I) (II)	396,580	104,509		40,320	9,408	550,817	
GREGORY RUBIOLO	(I) (II)	273,375			7,467		273,375 7,467	
GINNY BURDICK	(I) (II)	215,441	62,978		22,944	10,759	312,122	
CRAIG CASTRO	(I) (II)	381,236	95,313		43,201	11,760	531,510	
ABDUL KASSIR	(I) (II)	285,936	77,800		26,452	9,408	399,596	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Central Calif joint powers financing authority	95-4314760	152757bh2	09-27-2000	126,089,376	Construct & equip facility	X			X
B	Central Calif joint powers financing authority	95-4314760	152757by5	08-02-2001	67,746,763	Construct & equip facility	X			X
C	Central Calif joint powers financing authority	20-1563466	130493bl2	10-08-2009	206,029,314	Construct & equip facility		X		X
D	Community municipal finance authority	20-1563466	130493at6	05-16-2007	330,722,470	Construction		X		X
E	Community municipal finance authority	20-1563466		04-23-2009	20,515,304	Construct & equip facility		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	126,089,376	67,746,763	206,069,836	332,032,982	20,669,057
2	Gross proceeds in reserve funds	8,483,750	6,331,504	14,237,125	11,489,808	
3	Proceeds in refunding or defeasance escrows	265,244,580			265,244,580	
4	Other unspent proceeds	113,612,243		113,612,243		
5	Issuance costs from proceeds	1,732,626	1,354,935	4,120,586	4,345,349	402,261
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	115,873,000	60,060,324	74,099,882	50,953,245	20,266,796
8	Year of substantial completion	2001	2002	2012	2008	2010

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X	X			X
10	Were the bonds issued as part of an advance refunding issue?		X		X		X	X			X
11	Has the final allocation of proceeds been made?	X		X			X	X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider	Societe Generale						Societe Generale			
c	Term of GIC		69 0000						69 0000		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Mario Gonzalez jr MD	Board member	119,732	Medical staff payments		No
Michael Synn MD	Board member	188,667	Medical directorship fees		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	See Schedule O attached

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	See Schedule O attached

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	See Schedule O attached

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	See Schedule O attached

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Community Insurance Services Company PO Box 1232 Fresno, CA 93715 98-0674776	Insurance		3,805,000	12,140,000	FCH&MC
Fresno Heart Hospital LLC 15 E Audubon Dr Fresno, CA 93720 77-0513288	Hospital (supported)	CA	6,797,000	67,733,000	FCH&MC
Deran Koligian Ambulatory Care Center 2440 Tulare Street Ste 400 Fresno, CA 93721 26-3813822	Leasing	CA	-357,000	26,179,000	FCH&MC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Fresno Community Hospital & Medical Cent PO Box 1232 Fresno, CA 93715 94-1156276	Hospital	CA	501(C)(3)	170(b)(1)(A)(iii)	NA
Community Hospitals of Cen Ca Fndation PO Box 1232 Fresno, CA 93715 77-0191730	Supporting 509(a)(3)	CA	501(C)(3)	170(b)(1)(A)(III)	NA
Community Hospitals of Central CA PO Box 1232 Fresno, CA 93715 94-2864615	Supporting 509(a)(3)	CA	501(C)(3)	170(b)(1)(A)(III)	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Sante Health System 1180 E Shaw Ave Suite 101 Fresno, CA93710 77-0382381	Mgmt services	CA	FCH&MC	C CORP	960,050	22,344,037	100 000 %
Community Health Plan Inc 1925 E Dakota Avenue Fresno, CA93715 77-0246798	Inactive	CA	CHCC	C CORP			100 000 %
Community Health Enterprises Inc 1925 E Dakota Avenue Fresno, CA93715 77-0175659	Pharmacy sales	CA	FCH&MC	C CORP	-953,026	6,101,820	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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TY 2009 Category 3 filer statement

Name: FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER
EIN: 94-1156276
Software ID: 09000047
Software Version: 2009v1.7

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
-1	n/a	COMMUNITY MEDICAL CENTERS	1925 E DAKOTA SUITE 206 FRESNO, CA 93726	94-1156276	905,800
-1	n/a	COMMUNITY MEDICAL CENTERS	1925 E DAKOTA SUITE 206 FRESNO, CA 93726	94-1156276	120,000

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TY 2009 Earnings and Profits Other Adjustments Statement

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

EIN: 94-1156276

Software ID: 09000047

Software Version: 2009v1.7

Description	Amount
Related Party Premiums	-5,129,000
Related Party Loss Reserves and Claims	148,969
Movement in Prepaid Expenses	-8,112

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TY 2009 Itemized Other Current Assets Schedule

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

EIN: 94-1156276

Software ID: 09000047

Software Version: 2009v1.7

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Provision for Losses Recoverable		426,702
		PREPAID EXPENSES		8,112

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TY 2009 Other Deductions Schedule

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER
EIN: 94-1156276
Software ID: 09000047
Software Version: 2009v1.7

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Underwriting Expenses	1,169,016	
Total in Dollars		1,340,157
Tax Fees	7,875	
Registered Office Fees	1,200	
Office Expenses	3,693	
Meeting Expenses	24,422	
Management Fees	45,000	
Legal Fees	11,443	
Investment Management Fees	2,032	
Government Fees	17,917	
Foreign Currency Total	1,340,157	
Bank Charges	534	
Audit Fees	26,250	
Actuarial Fees	30,775	

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TY 2009 Itemized Other Investments Schedule

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

EIN: 94-1156276

Software ID: 09000047

Software Version: 2009v1.7

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		U S Government and Agency Securities		8,971,242

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TY 2009 Itemized Other Liabilities Schedule

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

EIN: 94-1156276

Software ID: 09000047

Software Version: 2009v1.7

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Provision for Outstanding Losses		6,678,397
		LOSSES PAYABLE		521,956

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TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER
EIN: 94-1156276
Software ID: 09000047
Software Version: 2009v1.7

Description	Beginning Amount	Ending Amount
Share Premium		1,015,542

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No. 1545-0047 2009
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information ▶ Attach to Form 990	Open to Public Inspection
Name of the organization FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER		Employer identification number 94-1156276

Schedule R, Part II:

Community Medical Centers is the business name used by the group of entities comprising the comprehensive health care organization described herein (collectively, "CMC") CMC serves Fresno County and the surrounding California Central Valley area consisting of Kern, Kings, Mariposa, Madera and Tulare counties CMC serves the needs of a diverse community with medical services throughout the region, through a comprehensive hospital network, the largest regional physician panel in the Central Valley, and a variety of outpatient programs and services Through a number of facilities, CMC offers medical, surgical and emergency services, family birth, pediatrics, skilled nursing, home care and outpatient care In addition to the size and diversity of its facilities, CMC offers a variety of specialized services, including the region's only Level I trauma and burn center (one of only five such facilities in California) and a Level III Neonatal Intensive Care Unit CMC also provides a graduate medical education program affiliated with the University of California at San Francisco Medical Education Program

CMC's operations include three acute care hospitals, a fundraising foundation and other ancillary medical service providers The principal legal entities comprising CMC are

(1) *Community Hospitals of Central California,* a California nonprofit public benefit corporation which is the central management, administrative and planning entity for CMC ("CHCC")

(2) *Fresno Community Hospital and Medical Center,* a California nonprofit public benefit corporation, which owns and operates Community Regional Medical Center in the City of Fresno and Clovis Community Medical Center in the City of Clovis, both acute care hospitals ("FCH&MC")

(3) *Fresno Heart Hospital, LLC,* a limited liability company, the sole member of which is FCH&MC, which owns and operates the Fresno Heart and Surgical Hospital in the City of Fresno, an acute care hospital Fresno Heart and Surgical Hospital is a disregarded entity for tax purposes ("FH&SH")

(4) *Sierra Hospital Foundation,* a California nonprofit public benefit corporation, which formerly operated a nursing home and currently has no operations ("SHF")

(5) *Community Hospitals of Central California Foundation,* a California nonprofit public benefit corporation the sole purpose of which is to solicit, receive and administer gifts on behalf of CMC ("FND")

COMMON GOVERNANCE

Form 990, Part VI, Line 7a:

Form 990, Part VI, Line 7a:

CHCC, FCH&MC, SHF and FND are each governed by separate, but identical, Boards of Trustees the members of which are drawn from the medical, business, civic and professional communities Four members are persons nominated by the Fresno County Board of Supervisors pursuant to the County Agreement Of the 15 members of each Board, five are selected from the medical community and include (i) the Medical Staff President (ex officio), (ii) two persons chosen by the Board from a slate of physicians proposed by the medical staff, and (iii) two "at large" medical staff members The nominees from the County must be approved by the Boards and may not be members of the County Board of Supervisors In addition, no more than 20% of each Board's members may be persons (or relatives of persons) who receive compensation from

the various Members of the Obligated Group The committees of the Board include the Finance & Planning Committee, the Professional Affairs Committee, the

Audit/Corporate Compliance/Legal Affairs Committee, the Board Building Committee, and the Executive Committee

COMMON (CONSOLIDATED) FINANCIAL STATEMENTS

Form 990, Part VI, Section C, Lines 18 & 19:

In accordance with generally accepted accounting principles, CHCC, FCH&MC, SHF and FND combine the results of their financial operations to issue consolidated financial statements These audited financial statements are made publicly available through Electronic Municipal Market Access (EMMA) and can be found on the internet at emma msrb org/Search/Search aspx

Consolidating Balance Sheets, Statements of Operations, and Statements of Changes in Net Assets are provided in the closing pages of each year's audited financial statements The column titled "Acute Care Services" reports the financial operating results of the three acute care FCH&MC hospitals The column titled "Skilled Nursing Services" reports the financial operating results of SHF The column titled "Development Activities" reports the financial operating results of FND CHCC's financial operating results are labeled as such

Form 990, Part XI, lines 2b & 2c:

The Audit Committee is responsible to oversee the audit of the consolidated financial statements

Form 990, Part V, Lines 1 & 2:

CHCC is the common pay master for itself and FCH&MC, SHF and FND (see schedule J)

Form 990, Part VI, Section B, Line 11:

A draft of Form 990 is internally prepared by the Finance Department using information gathered from various functional areas of the organization The draft copy is review by professional tax accountants and reprocessed utilizing their expertise and software The reprocessed draft is reviewed by the Finance Department and the major functional areas of the organization that provided input A final draft is present to the Board of Trustees prior to filing The tax partner of the CPA firm is the official preparer

COMMON TAX-EXEMPT BORROWING

Combined Schedule K:

FCH&MC, CHCC and SHF have established an Obligated Group to access capital markets The Obligated Group members are jointly and severally liable for long-term debt outstanding under the Obligated Group's master trust indenture FCH&MC, as the primary beneficiary of the tax-exempt bond proceeds, has filed Schedule K for the benefit of all members of the Obligated Group

Schedule K, Part I, Bond Issues
Description of Purpose Column (f)

Row (A)
Description of Purpose To construct and equip the Deran Koligian Ambulatory Care Center

Row (B)
Description of Purpose To defease approximately $266,828,000 of tax-exempt certificates, notes and capital leases, and to construct and equip the Community Regional Medical Center and other capital expansion programs in Fresno and Clovis California

Row (C)
Description of Purpose To construct and equip the Community Regional Medical Center and other capital expansion programs in Fresno and Clovis California

Row (D)
Description of Purpose To construct and equip the Community Regional Medical Center and other capital expansion programs in Fresno and Clovis California

Row (E)
Description of Purpose To construct and equip the Community Regional Medical Center and other capital expansion programs in Fresno and Clovis California

COMMON MISSION
Form 990 Part I, Line 1and Part III, Line 1:
FCH&MC, CHCC, SHF and FND share the same mission To improve the health status of the community and to promote medical education Each entity contributes individually and collectively to the fulfillment of the shared mission through its specialized, yet fully-integrated operations, which, briefly stated are as follows FCH&MC provides inpatient and outpatient medical care, CHCC provides administrative services to the other entities, SHF is inactive, and FND solicits, receives and administers gifts on behalf of the other entities A more detailed response follows

FCH&MC's Facilities and Operations
Community Regional Medical Center, CRMC is a tertiary acute care facility that provides the Primary Service Area and Secondary Service Area with the following services (i) the Central Valley's only Level I Trauma Center, (ii) the Community Regional Burn Center, (iii) a Level III neonatal intensive care unit, (iv) comprehensive inpatient and outpatient services, including technologically advanced medical/surgical specialties, (v) the Community Family Birth Center, (vi) two intensive care units, (vii) the Leon S Peters Rehabilitation Center, (viii) inpatient and outpatient cancer treatment, (ix) pathology and clinical laboratory services, (x) dialysis treatment facilities, (xi) diagnostic radiology services, (xii) short stay surgery services, (xiii) a cardiovascular care unit, and (xiv) 24-hour emergency services CRMC is also a teaching hospital that is affiliated with the University of California at San Francisco The main campus of CRMC consists of a hospital building with 5 and 10-story wings, connected to a 5-story trauma and critical care building CRMC also provides (i) behavioral health services at a freestanding facility in northern Fresno known as the Community Behavioral Health Center ("CBHC"), (ii) sub acute and skilled nursing services at a freestanding facility in northern Fresno known as the Community Sub acute and Transitional Care Center ("CSTCC"), (iii) outpatient cancer services at its two-story outpatient cancer center at Woodward Park in northeast Fresno, approximately eight miles from the CRMC main campus, and (iv) a variety of general and specialized outpatient health clinics services at the Deran Koligian Ambulatory Care Center located approximately two miles from the CRMC main campus at the University Medical Center campus (the "UMC campus")

Clovis Community Medical Center CCMC is located in the City of Clovis (which is contiguous to the City of Fresno), where it serves the Primary Service Area and, to a lesser degree, the Secondary Service Area The main facility consists of a three-story acute care hospital connected to an outpatient surgery center The facility provides (i) medical and surgical facilities, (ii) 24-hour emergency care, (iii) a critical care unit and treatment services, (iv) the Community Family Birth Center, (v) the Marjorie E Radin Breast Care Center, and (vi) outpatient diagnostic and surgical services CCMC also provides urgent care services through an additional facility in Oakhurst, approximately 45 miles north of Fresno

Fresno Heart and Surgical Hospital Heart Hospital is an acute care facility located in the City of Fresno overlooking Woodward Park in northeast Fresno The facility opened in October 2003 and provides the Primary and Secondary Service Areas with (i) cardiology and cardiac surgery services, (ii) vascular surgery services, and (iii) bariatric and other minimally invasive surgery services

CHCC's Operations
CMC is the administrative arm of the CMC system It maintains executive management, finance, legal, nursing administration, human resources, information systems and similar administrative departments for the benefit of FCH&MC and other members of the affiliated group It is a section 501(c) (3) organization

FND's Operations
FND's sole purpose is fundraising for the benefit of FCH&MC It is a section 501(c) (3) organization that is further defined under section 509(a) (3) as a supporting organization

SHF's Operations
SHF operated a convalescent hospital until August 1, 2009 It has no current operations It is a section 501(c) (3) organization

COMMON MISSION Continued - Promoting Medical Education:
CRMC is the principal teaching hospital in the Central Valley through a graduate medical education program affiliated with the University of California at San Francisco Medical Education program During the 2009-2010 academic year, a total of 225 residents and fellows from UCSF will train in the following areas Emergency Medicine, Family Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry and Surgery In addition, a total of 10 residents from the University of the Pacific will train in the areas of Dentistry and Oral Surgery The number of residents and the areas in which they train remains relatively constant from year to year

CMC supports a fully accredited educational program with California State University, Fresno, by providing clinical experience to its nursing, physical therapy, occupational therapy, speech therapy and dietetic students Additionally, CMC provides clinical experience to Fresno City College's nursing, surgery and radiology technology students CMC also provides clinical experience to students in the San Joaquin Valley College LVN to RN program, Fresno Adult School and Clovis Adult School Licensed Vocational Nurse programs as well as students in many other programs at area community colleges

Each of the three acute hospitals conducts educational programs for the benefit of physicians, nurses, technicians, management personnel, employees and the public In addition, CMC sponsors numerous health promotion and education programs for its employees and members of the community in many areas, including asthma, diabetes, nutrition and weight control, stress management, health and wellness, and smoking cessation CMC is also an active partner in several community service projects supporting education in health careers for high schools and other community groups

To address the nation-wide nursing shortage, CMC has implemented several system-wide initiatives to increase recruitment and retention including the implementation of a nurse residency program and clinical ladder, both designed to expand the education of new nurses and promote retention of a higher percentage of these nurses

COMMON MISSION Continued – Medical Staff:
The three acute hospitals have two separate medical staffs the FCH&MC medical staff, whose members have privileges at CRMC and CCMC, and the FH&SH medical staff, whose members have privileges at FH&SH Although the two staffs have a significant number of members in common, they are not identical The medical staff members serve on medical executive committees and Board subcommittees at their respective hospitals

As of August 31, 2009, the Medical Staff had 739 active members (with active signifying a minimum of six patient care activities per year and a minimum of twelve patient care activities per two year period) Of the 739 active staff, 594 (80%) were Board Certified in one or more specialties For the 12-month period ended August 31, 2009, admissions by the top 10 admitting physicians accounted for approximately 27% of total admissions to the three acute hospitals

OTHER DISCLOSURES
Form 990, Part VI, Section B, Line 12c:
The Corporation has a conflict of interest policy Annually each director, principal officer and member of committee with board delegated powers sign a statement which affirms that such person 1) Has received a copy of the conflicts of interest policy, 2) Has read and understands the policy, 3) Has agreed to comply with the policy, and 4) Understands that the Corporation is a charitable organization and that in order to

maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes

To ensure that the Corporation operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews are conducted The periodic reviews, at a minimum, include the following subjects 1) Whether compensation arrangements and benefits are reasonable and are the result of arm's-length bargaining, 2) Whether acquisitions of physician practices and other provider services result in inurement or impermissible private benefit, 3) Whether partnership and joint venture arrangements and arrangements with management service organizations and physician hospital organizations conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further the Corporation's charitable purposes and do not result in inurement or impermissible private benefit, and 4) Whether agreements to provide health care and agreements with other health care providers, employees, and third party payors further the Corporation's charitable purposes and do not result in inurement or impermissible private benefit

Form 990, Part VI, Section B, Line 15:
The compensation for all positions listed in Part VI, Section B, are compared with like positions with comparable companies in comparable markets The data is supplied by a consulting firm Compensation, including incentive and benefit programs, is structured based upon this input