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A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

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
789 N Medical Center Drive East

City or town, state or province, country, and ZIP or foreign postal code
clovis, CA 93611

F Name and address of principal officer
Tim Joslin
789 N Medical Center Drive East
clovis, CA 93611

H(a) Is this a group return for subordinates?
No
H(b) Are all subordinates included?
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ www.communitymedical.org

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1947

M State of legal domicile CA

D Employer identification number
94-1156276

E Telephone number
(559) 459-6000

G Gross receipts \$ 1,901,699,825

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities FCH&MC meets the medical needs of its community through its acute-care hospitals and facilities			
	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	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8,403	
	6 Total number of volunteers (estimate if necessary)	6	1,000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	21,493	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	12,948	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		4,101,044	5,540,024	
		1,554,083,701	1,554,839,133	
		7,237,006	21,169,388	
		6,029,213	6,665,077	
Expenses		1,571,450,964	1,588,213,622	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,018,126	15,921,812		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	628,782,999	679,700,000		
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	796,261,112	785,621,479	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,432,062,237	1,481,243,291	
	19 Revenue less expenses Subtract line 18 from line 12	139,388,727	106,970,331	
		Beginning of Current Year	End of Year	
		1,790,471,292	1,868,955,124	
		744,618,558	717,939,533	
		1,045,852,734	1,151,015,591	

Part II Signature Block

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

Sign Here

Signature of officer

Roger Fretwell Controller

2017-07-10

Date

Paid Preparer Use Only

Prnt/Type preparer's name
Tracy S Paglia

Preparer's signature
Tracy S Paglia

Date
2017-06-29

Check ☐ if self-employed

PTIN
P00366884

Firm's name ▶ Moss Adams LLP

Firm's EIN ▶ 91-0189318

Firm's address ▶ 3121 W March Ln Ste 200

Phone no (209) 955-6100

Stockton, CA 952192367

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,324,608,234 including grants of \$ 15,921,812) (Revenue \$ 1,555,089,382)

See Additional Data

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 1,324,608,234

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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		No
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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 11b 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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	8,403
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who 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?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	Roger Fretwell 1560 E Shaw Ave Fresno, CA 93710 (559) 459-6000	

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,267,658	4,653,872	891,946

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,157

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CENTRAL CALIFORNIA FACULTY MEDICAL GROUP 155 N FRESNO ST FRESNO, CA 93702	MEDICAL	41,593,681
COMMUNITY HOSPITALIST MEDICAL GROUP 1180 E SHAW SUITE 101 FRESNO, CA 93710	MEDICAL	28,279,033
COMMUNITY REGIONAL ANESTHESIA 1180 E SHAW SUITE 101 FRESNO, CA 93710	MEDICAL	13,367,024
PATHOLOGY ASSOCIATES PO BOX 5236 FRESNO, CA 93755	MEDICAL	4,593,600
COMMUNITY MEDICAL IMAGING GROUP 1867 E FIR AVENUE SUITE 104 FRESNO, CA 93720	MEDICAL	146,850

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 79

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	4,114,281				
	e	Government grants (contributions)	1e	1,425,743				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			5,540,024			
Program Service Revenue	2a	MEDICAL SERVICE	Business Code					
			622110	1,540,920,496	1,540,920,496			
	b	pharmacy sales	446110	9,794,153	9,794,153			
	c	grants and contracts	622110	2,195,415	2,195,415			
	d	Income fr Partnerships	622110	1,929,069	1,929,069			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,554,839,133			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,405,099		21,493	16,383,606	
	4	Income from investment of tax-exempt bond proceeds . .		1,053,586			1,053,586	
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			317,090,735	106,171				
	b	Less cost or other basis and sales expenses	313,333,709	152,494				
	c	Gain or (loss)	3,757,026	-46,323				
	d	Net gain or (loss)		3,710,703			3,710,703	
	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 . .						
	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 . . .							
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 . .							
Miscellaneous Revenue		Business Code						
11a	Hospital Cafeteria Revenue	722320	6,665,077			6,665,077		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			6,665,077				
12	Total revenue. See Instructions			1,588,213,622	1,554,839,133	21,493	27,812,972	

Part IX **Statement of Functional Expenses**

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,921,812	15,921,812		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,880,349		6,880,349	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,516,527		1,516,527	
7	Other salaries and wages	564,310,292	488,208,338	76,101,954	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,342,563	7,342,563		
9	Other employee benefits	60,584,072	52,973,387	7,610,685	
10	Payroll taxes	39,066,197	33,987,591	5,078,606	
11	Fees for services (non-employees)				
a	Management				
b	Legal	99,316		99,316	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,091,952		1,091,952	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	211,443,108	181,841,073	29,602,035	
12	Advertising and promotion	2,395,853		2,395,853	
13	Office expenses	4,632,122		4,632,122	
14	Information technology				
15	Royalties				
16	Occupancy	18,085,369	15,191,710	2,893,659	
17	Travel	1,060,909	891,164	169,745	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	179,895	179,895		
20	Interest	25,564,000	21,473,760	4,090,240	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,117,997	57,219,117	10,898,880	
23	Insurance	7,057,000	5,927,880	1,129,120	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Medical Supplies	242,929,166	242,929,166		
b	Provision for Bad Debt	78,369,114	78,369,114		
c	medi-cal provider fee	78,192,761	78,192,761		
d	Minor Equipment	31,360,126	31,360,126		
e	All other expenses	15,042,791	12,598,777	2,444,014	
25	Total functional expenses. Add lines 1 through 24e	1,481,243,291	1,324,608,234	156,635,057	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		62,896,669	2	83,031,235	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		255,595,316	4	259,190,344	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5,213,314	5	5,343,942	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,254,756	8	12,271,873	
	9	Prepaid expenses and deferred charges		14,063,887	9	15,575,439	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,327,075,070			
	b	Less: accumulated depreciation	10b	531,376,643	792,903,996	10c	795,698,427
	11	Investments—publicly traded securities		384,139,631	11	429,490,318	
	12	Investments—other securities. See Part IV, line 11		33,733,254	12	30,927,136	
	13	Investments—program-related. See Part IV, line 11		34,337,975	13	33,354,215	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		198,332,494	15	204,072,195	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,790,471,292	16	1,868,955,124		
Liabilities	17	Accounts payable and accrued expenses		128,966,255	17	139,155,408	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		526,192,647	20	517,925,746	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other 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		28,528,978	23	2,763,763	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		60,930,678	25	58,094,616	
	26	Total liabilities. Add lines 17 through 25		744,618,558	26	717,939,533	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,045,852,734	27	1,151,015,591	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), 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		1,045,852,734	33	1,151,015,591	
	34	Total liabilities and net assets/fund balances		1,790,471,292	34	1,868,955,124	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,588,213,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,481,243,291
3	Revenue less expenses Subtract line 2 from line 1	3	106,970,331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,045,852,734
5	Net unrealized gains (losses) on investments	5	-1,785,981
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-21,493
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,151,015,591

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Software Version:**EIN:** 94-1156276

Name: Fresno Community Hospital
and Medical Center

Form 990, Part III, Line 4a

4a	(Code)	(Expenses \$	1,324,608,234	including grants of \$	15,921,812)	(Revenue \$	1,555,089,382)
		FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER OPERATES THREE ACUTE HOSPITALS AND NUMEROUS OUTPATIENT CENTERS, CLINICS AND OTHER SERVICES WHICH MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. SEE SCHEDULE O FOR ADDITIONAL DETAILS - 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 SUCH AS CARDIOVASCULAR, NEUROSCIENCE, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S SERVICES, (V) THE COMMUNITY FAMILY BIRTH CENTER, (VI) GENERAL AND SPECIALTY 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 UCSF. THE MAIN CAMPUS OF CRMC CONSISTS OF A HOSPITAL BUILDING WITH FIVE AND 10-STORY WINGS, CONNECTED TO A FIVE 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) SUBACUTE AND SKILLED NURSING SERVICES AT A FREESTANDING FACILITY IN NORTHERN FRESNO KNOWN AS THE COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER ("CSTCC"), (III) OUTPATIENT CANCER SERVICES AT ITS TWOSTORY 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 CLINIC SERVICES AT THE DERAN KOLIGIAN AMBULATORY CARE CENTER LOCATED ON THE CRMC MAIN CAMPUS (THE "FRESNO 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 CMC CAMPUS IN CLOVIS (THE "CLOVIS CAMPUS") INCLUDES THE MAIN FACILITY, WHICH CONSISTS OF AN ACUTE CARE HOSPITAL WITH A FIVE-STORY TOWER AND A THREE-STORY TOWER CONNECTED TO AN OUTPATIENT SURGERY/ENDOSCOPY/DIAGNOSTIC CENTER. THE FACILITY HAS ALL PRIVATE ROOMS. THE FACILITY PROVIDES: (I) COMPREHENSIVE MEDICAL AND SURGICAL CAPABILITIES, (II) 24-HOUR EMERGENCY CARE, (III) AN INTENSIVE CARE UNIT, (IV) THE COMMUNITY FAMILY BIRTH CENTER, (V) THE MARJORIE E. RADIN BREAST CARE CENTER, (VI) SHORT STAY AND INPATIENT SURGICAL SERVICES, INCLUDING ROBOTICS AND ADVANCED MINIMALLY INVASIVE SURGERY, (VII) A LEVEL II NEONATAL INTENSIVE CARE UNIT, (VIII) INPATIENT CANCER TREATMENT, (IX) PATHOLOGY AND CLINICAL LABORATORY SERVICES, (X) ADVANCED DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, AND (XI) INVASIVE AND NON-INVASIVE CARDIAC SERVICES. OTHER FACILITIES AND SERVICES PROVIDED ON THE CLOVIS CAMPUS INCLUDE: (I) AN OUTPATIENT WOUND CARE CLINIC WITH TWO HYPERBARIC OXYGEN CHAMBERS, (II) AN OUTPATIENT PHYSICAL REHABILITATION CLINIC, INCLUDING LYMPHEDEMA THERAPY AND (III) THE H. MARCUS RADIN CONFERENCE CENTER, WHICH OPENED IN 2012 AND PROVIDES A 214- SEAT AUDITORIUM THAT IS FULLY INTEGRATED FOR TRAINING IN CMC'S OPERATING ROOMS AND FOR BROADCASTING OTHER EVENTS, AND TWO STATE-OF-THE-ART COMPUTER TRAINING LABS - FRESNO HEART AND SURGICAL HOSPITAL. HEART HOSPITAL IS AN ACUTE CARE FACILITY WITH ALL PRIVATE ROOMS 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. THE ORGANIZATION 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. 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, THE ORGANIZATION 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. THE ORGANIZATION IS 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. THE ORGANIZATION 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.					

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Fand Assemi Chair-Elect	1 40 0 50	X		X				0	0	0
Terry Bradley Board Member	1 40 0 50	X						0	0	0
Jerry Cook Board Member	1 40 0 50	X						0	0	0
Manuel Cunha Jr Board Member	1 40 0 50	X						0	0	0
Linzie Daniel Chair	1 40 0 50	X		X				0	0	0
Florence Dunn Chair (Thru 12/15)	1 40 0 50	X		X				0	0	0
Gregory Hendey MD Board Member (Thru 4/16)	1 40 0 50	X						0	0	0
Ren Imai MD Board Member	1 40 0 50	X						0	0	0
John McGregor Esquire Secretary	1 40 0 50	X		X				0	0	0
Vong Mouanoutoua Board Member	1 40 0 50	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Peterson MD Board Member	1 40 0 50	X						0	0	0
Ruth Quinto Board Member	1 40 0 50	X						0	0	0
David Slater MD Board Member	1 40 0 50	X						0	14,906	0
Roger Sturdevant Board Member	1 40 0 50	X						0	0	0
Michael Synn MD Board Member	1 40 0 50	X						0	0	0
Jeffrey Thomas MD Board Member	1 40 0 50	X						0	146,998	0
Chandrasekar Venugopal MD Board Member	1 40 0 50	X						0	0	0
Tim Joslin Chief Executive Officer	55 00 5 00			X				0	1,420,584	22,803
Patnck Rafferty EVP Chief Operations Officer	55 00 5 00			X				0	1,047,293	316,680
Joseph Nowicki SVP Chief Financial Officer	55 00 5 00			X				0	747,427	78,366

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Craig Castro Chief Executive Officer CCMC	50 00 5 00				X			729,958	0	79,025
Craig Wagoner Chief Executive Officer CRMC	50 00 5 00				X			726,477	0	76,527
Thomas Utecht SVP Chief Quality Officer	50 00 5 00				X			647,642	0	76,564
Wanda Holderman Chief Executive Officer FHSB	50 00 5 00				X			550,701	0	60,648
Tracy Kirtani Chief Financial Officer FaC	50 00 5 00				X			426,852	0	23,242
Andrew Meade Chief Operations Officer CRMC	50 00 5 00				X			418,314	0	11,954
Mary Contreras SVP Chief Nursing Officer	50 00 5 00				X			405,699	0	44,737
Mark Kestner Chief Medical Innovation Officer	45 00 5 00					X		558,902	0	19,162
John Kass Chief Operations Officer CCMC	45 00 5 00					X		342,039	0	17,934
Karen Buckley VP Chief Nursing Officer	45 00 5 00					X		339,366	0	6,190

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce Kinder Assoc Admin Amb-Support SVC	45 00 5 00					X		302,370	0	25,403
Berj Apkanan Exec Dir Physician Relations	45 00 5 00					X		297,882	0	23,950
Stephen Walter Former SVP CFO (thru 2/15)	55 00 5 00						X	0	1,276,664	0
John Chubb thru 0714 Former Chief Executive Officer CRMC	50 00 5 00						X	521,456	0	8,761

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below. 2a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> 2b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. 3a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 can 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" on 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 education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ► _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, 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" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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)	Revenue included on 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 (ASC 958) relating to these items	
a	Revenue included on 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 acquisition, 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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	14,294,086	14,775,470		29,069,556
b Buildings		818,415,159	222,333,190	596,081,969
c Leasehold improvements		6,258,084	1,782,666	4,475,418
d Equipment		428,045,698	307,260,787	120,784,911
e Other		45,286,573		45,286,573
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				795,698,427

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1156276
Name: Fresno Community Hospital
and Medical Center

Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part X, Line 2	There is no footnote for Fin 48 in the organization's audited financial statements due to immateriality

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public
Inspection

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Fresno Community Hospital
and Medical Center

Employer identification number

94-1156276

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean -	0	0	Investment		6,755,407
3a Sub-total	0	0			6,755,407
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,755,407

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: Fresno Community Hospital
and Medical Center

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization Fresno Community Hospital and Medical Center	Employer identification number 94-1156276
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>40000 0000000000</u> %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☒ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			3,933,548		3,933,548	0 280 %
b Medicaid (from Worksheet 3, column a)			261,230,000	110,226,000	151,004,000	10 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			265,163,548	110,226,000	154,937,548	11 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,063,514		1,063,514	0 080 %
f Health professions education (from Worksheet 5)			58,386,006		58,386,006	4 160 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			59,449,520		59,449,520	4 240 %
k Total. Add lines 7d and 7j			324,613,068	110,226,000	214,387,068	15 280 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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		200,000		200,000	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members		300,000		300,000	0 020 %
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		500,000		500,000	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

78,369,114

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

3,094,765

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

888,102,868

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

1,137,550,303

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-249,447,435

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

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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 1 CA IMAGING INSTITUTE LLC	Medical Imaging	50 000 %	0 %	50 000 %
2 2 AMI REALTY PARTNERS LP	PROPERTY MANAGEMENT	50 000 %	0 %	50 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Facility Reporting Group - a

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>WWW.COMMUNITYMEDICAL.ORG</u> <u>HTTP://WWW.HOSPITALCOUNCIL.ORG/COMMUNITY-HEALTH-NEEDS-</u> b ☒ Other website (list url) <u>ASSESSMENTS</u> c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ Other (describe in Section C)	7	Yes
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW.COMMUNITYMEDICAL.ORG</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - a				
Name of hospital facility or letter of facility reporting group				
			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b	☒ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☒ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

Facility Reporting Group - a

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	☒ Notified individuals of the financial assistance policy on admission		
b	☒ Notified individuals of the financial assistance policy prior to discharge		
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	☐ Other (describe in Section C)		
f	☐ None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	☐ Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 1 - California Cancer Center at Woodward 7257 N Fresno St Fresno, CA 93720	Outpatient cancer center
2 2 - Community Health Center-Sierra 1925 E Dakota Avenue Fresno, CA 93726	Outpatient services diabetes, outpatient and pulmonary rehabilitation, etc
3 3 - Deran Koligian Ambulatory Care Center 290 N Wayte Lane Fresno, CA 93701	Clinics asthma, dental, diabetes, eye, family & adult practice, HIV/Aids
4 4 - Community Behavioral Health Center 7171 N Cedar Fresno, CA 93720	Psychiatric Care Facility
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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 communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a	The community benefit report is issued by Community Medical Centers , a DBA used by the three hospitals that comprise the organization

Form and Line Reference	Explanation
Part I, Line 7	Costing Methodology Charity care is estimated by calculating the ratio of cost per adjusted patient day (excluding bad debts) and then multiplying that ratio by the adjusted patient days associated with charity care patients CMC does not utilize a cost accounting system to estimate the cost of charity care

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 78,369,114

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	Community support (Generally programs for vulnerable populations) AS THE ONLY LEVEL 1 TRAUMA AND BURN CENTER BETWEEN LOS ANGELES AND SACRAMENTO, COMMUNITY REGIONAL'S SKILLED AND DEDICATED PHYSICIANS AND STAFF PROVIDE TRAUMA SERVICES TO PATIENTS FROM WELL BEYOND THE HOSPITAL'S NORMAL SERVICE AREA IN JANUARY 2015, A FULL-TIME INJURY PREVENTION SPECIALIST JOINED COMMUNITY REGIONAL'S TRAUMA STAFF. THE INJURY PREVENTION SPECIALIST IDENTIFIES THE MOST COMMON MECHANISMS OF INJURY AND DEATH SEEN AT THE TRAUMA CENTER BY USING THE HOSPITAL'S TRAUMA REGISTRY. IT HELPS IDENTIFY THE ROOT CAUSES AND CONTRIBUTING FACTORS SUCH AS DRUG AND ALCOHOL ABUSE AND BEHAVIORAL HEALTH PROBLEMS. THROUGH EDUCATION AND ENVIRONMENTAL MODIFICATION, THE INJURY PREVENTION SPECIALIST WORKS TO REDUCE THE INCIDENCE OF INJURY, DISABILITY AND DEATH DUE TO TRAUMA. Community Regional's Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program, whose services are available 24 hours a day, every day, and include collection, preservation and security of evidence obtained from adult and pediatric victims and suspects, immediate counseling services in conjunction with Resource Counseling Services, courtroom testimony, and contraception and antibiotics for the prevention of sexually transmitted diseases. The program sees 15 to 30 patients per month. In the past year, the SAFE program has assisted in evidence collections for 176 cases and provided consulting, evaluations and courtroom testimony for an additional 60 cases. SAFE team members provide sexual assault awareness education to law enforcement, local colleges, patient advocates, UCSF Fresno residents, medical staff, nurses and others. SAFE program staff work with the Children's Health Center located on the hospital campus to provide comprehensive follow-up evaluations for children who are victims of sexual abuse. Community Regional SAFE staff are active members and participants in a wide variety of community initiatives, including the Sexual Assault Response Team (SART) collaborative meetings. SART aims to coordinate interventions, care and response for victims and their families. SART members include Fresno Council on Child Abuse Prevention, Fresno County Department of Social Services, Centro La Familia and law enforcement agencies. Community was a founding hospital partner that established the Fresno Medical Respite Center in July 2011. The Center currently provides eight beds for homeless men and beds for women on an as-needed basis at the Fresno Rescue Mission in downtown Fresno. The intent of this Center was to provide a place for a 'safe discharge' for homeless patients and a place where they might continue their recovery, and to demonstrate cost savings to participating hospitals by reducing the patient's length of stay due to lack of discharge alternatives. Research indicates that homeless patients tend to stay 4-5 days longer in hospitals following an inpatient stay than patients with social support mechanisms. In order to provide respite care to patients with slightly higher acuity, as of June 2016, Community Regional's home health clinical staff and case management began providing center patients with coordinated healthcare and linkages to social and community resources. During 2015-2016, Community Regional provided \$100,000 to the Medical Respite Center collaborative effort-110 patients received care, saving over 1,600 hospital in-patient days. Since the program's opening in 2011, Community has provided \$350,000 in funding to support the work of the center. The Fresno Medical Respite Center will continue to offer care and services to patients from all local area hospitals. Leadership development and training for community members. COMMUNITY MEDICAL CENTERS IS THE LARGEST PROVIDER OF HEALTH PROFESSIONAL STUDENT CLINICAL ROTATIONS, EXPERIENCES, OBSERVATIONS, INTERNSHIPS AND PRECEPTORSHIPS IN THE CENTRAL VALLEY. COMMUNITY PARTICIPATES IN A SHARED COMPUTERIZED CLINICAL PLACEMENT SYSTEM (CCPS) WITH HOSPITALS AND TWO- AND FOUR-YEAR COLLEGES AND UNIVERSITIES FROM ACROSS THE VALLEY TO ENSURE MAXIMUM UTILIZATION OF OUR CLINICAL LEARNING OPPORTUNITIES AND THE BEST LEARNING EXPERIENCES FOR THE VALLEY'S FUTURE WORKFORCE. COMMUNITY OFFERS MANY EDUCATION AND OUTREACH PROGRAMS, ON TOPICS RANGING FROM BREAST CANCER AWARENESS TO INJURY PREVENTION AND CONCUSSION AWARENESS. FOR EXAMPLE, CLOVIS COMMUNITY MEDICAL CENTER'S HEALTH QUEST SERIES PROVIDED MONTHLY LECTURES ATTENDED BY 1,400 PEOPLE. Chaplain Services has been a leader in the education and mentorship of future pastors and pastoral care providers by serving as a clinic site for the Clinical Pastoral Education (CPE) Program of Central California. Community Regional's Chaplaincy Services provides a site where chaplaincy candidates are being taught the basics of pastoral care in a pluralistic environment. During the 2016 fiscal year, several students completed their education at Community Regional. Three recent graduates have started

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	full time chaplaincy positions at area hospitals including Kaiser Permanente, Veteran's Administration and Community Regional. The Community Diabetes Care Center (CDCC) serves clients from Fresno and five nearby counties at two locations: the Sierra Community Health Center and the Cedar Campus. The CDCC cares for a high percentage of patients who would not otherwise be able to receive diabetes self-management education in the community. The center is the only American Diabetes Association (ADA) recognized education program in Fresno County. The CDCC is accredited as one of four Sweet Success Affiliates in Fresno County with registered nurses, registered dietitians and certified diabetes educators. CDCC also continues to provide self-management programs for non-pregnant patients. Self-management education classes for both pregnant and non-pregnant patients are available in both English and Spanish. Many of the center's clients are pregnant women who have restricted or managed Medi-Cal with limited visits. The staff educates women and their families on healthy eating habits for life and controlling diabetes during pregnancy. Last year the CDCC provided diabetes management education and services to 3,305 clients with a total of 7,576 visits. The staff includes five certified diabetes educators, three medical office assistants and one medical assistant.

Form and Line Reference	Explanation
Community is proud of its accomplishments to date, but	ALSO MINDFUL OF UNMET CHALLENGES COMMUNITY STAFF AND PHYSICIANS CONTRIBUTE THOUSANDS OF HOURS AS VOLUNTEERS FOR CIVIC, CULTURAL, SOCIAL JUSTICE, RELIGIOUS AND HEALTH GROUPS, OFTEN SERVING IN LEADERSHIP POSITIONS AND AS MENTORS THESE ORGANIZATIONS INCLUDE UNITED WAY OF FRESNO, FRESNO RESCUE MISSION, POVERELLO HOUSE, NATIONAL ALLIANCE FOR THE MENTALLY ILL, FRESNO STATE PROJECT MANAGEMENT INSTITUTE, CENTRAL CALIFORNIA CHAPTER OF THE PROJECT MANAGEMENT INSTITUTE AND FRESNO AND CLOVIS ROTARY CLUBS

Form and Line Reference	Explanation
Part III, Line 2	BAD DEBT EXPENSE IS THE CURRENT PERIOD CHARGE FOR ACTUAL OR EXPECTED DOUBTFUL ACCOUNTS RECEIVABLE RESULTING FROM THE EXTENSION OF CREDIT ACCORDINGLY, IT DOES NOT INCLUDE CHARGES ASSOCIATED WITH CHARITY PATIENTS OR CONTRACTUAL ALLOWANCES

Form and Line Reference	Explanation
Part III, Line 3	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE PRIMARY FACTOR USED TO ANALYZE PATIENT ACCOUNT RECEIVABLE BALANCES FOR DOUBTFUL ACCOUNTS (BAD DEBT), IS THE ORGANIZATION'S PREVIOUS, HISTORICAL, WRITE-OFF EXPERIENCE PATIENT SELF-PAY ACCOUNTS WITH UNUSUALLY LARGE BALANCES ARE REVIEWED INDIVIDUALLY PREVAILING ECONOMIC CONDITIONS ARE ALSO CONSIDERED BAD DEBT AND CHARITY CARE DO NOT INCLUDE DISCOUNTS GIVEN TO UNINSURED AND UNDERINSURED PATIENTS IT IS ESTIMATED THAT 4% OR \$3,094,765 OF THE AMOUNT OF CMC'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD HAVE QUALIFIED UNDER ITS CHARITY CARE POLICY HAD THEY COMPLETED THE NECESSARY APPLICATION DOCUMENTS TO DO SO CMC DOES NOT RECOGNIZE ANY PORTION OF ITS BAD DEBT EXPENSE AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
Part III, Line 4	Audited Financial Statements Note 3, page 11

Form and Line Reference	Explanation
Part III, Line 8	Medicare Shortfall THE MEDICARE SHORTFALL IS TREATED AS COMMUNITY BENEFIT BECAUSE (1) NONNEGOTIABLE MEDICARE RATES ARE SOMETIMES OUT-OF-LINE WITH THE TRUE COSTS OF TREATING MEDICARE PATIENTS, AND (2) BY CONTINUING TO TREAT PATIENTS ELIGIBLE FOR MEDICARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES Costing Methodology Inpatient care services, skilled nursing services, rehabilitation services, and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per diagnosis These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Certain inpatient nonacute services and medical education costs related to Medicare beneficiaries are paid based on a cost-based reimbursement methodology Professional services are reimbursed based on a fee schedule

Form and Line Reference	Explanation
Part III, Line 9b	Those patient eligible for financial assistance are generally subject to the normal collection procedures for all patients. The following special circumstances may apply: (1) Ryan White patients are not subject to collections activity. (2) For patients who lack health insurance coverage, have an application pending for either government-sponsored coverage or for CMCs charity/discounted care, or have otherwise indicated they may qualify for such programs, CMC will not knowingly send the bill to a collection agency prior to 150 days from the initial time of billing. (3) For patients who lack health insurance coverage, have an application pending for either government-sponsored coverage or for CMCs charity/discounted care, or have otherwise indicated they may qualify for such programs, CMC will not file a civil action against the patient due to nonpayment until after 150 days from initial billing. (4) If a patient qualifies for assistance under this policy, and is reasonably cooperating with the hospital in an effort to settle an outstanding bill, CMC will not send the unpaid bill to an outside collection agency if the hospital knows that doing so may negatively impact a patient's credit. CMC will not send such a patient's account to an outside collection agency without a written agreement that the collection agency will comply with CMCs collection policies. (5) The 150-day grace period discussed above will be extended if the patient has a pending appeal for the coverage of services until a final determination of that appeal is made, if the patient makes a reasonable effort to communicate with the hospital about the progress of any pending appeals. Pending appeals include: (a) grievance against a contracting health service plan, (b) an independent medical review under the California Insurance Code, (c) fair hearing for a review of a Medi-Cal claim pursuant to the Welfare and Institutions Code, and (d) appeal regarding Medicare coverage consistent with federal law and regulations.

Form and Line Reference	Explanation
Part VI, Line 2	AS PART OF THE AFFORDABLE CARE ACT, THE ORGANIZATION PARTNERED WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND A DOZEN OTHER VALLEY HOSPITALS TO PUBLISH A COMMUNITY NEEDS ASSESSMENT IN 2013 ADDITIONALLY, EACH OF OUR THREE HOSPITALS DEVELOPED IMPLEMENTATION PLANS TO ADDRESS SOME OF THE KEY NEEDS IDENTIFIED IN THE REPORT BOTH THE REPORT AND THE IMPLEMENTATION PLANS WERE PRESENTED TO AND APPROVED BY OUR BOARD OF TRUSTEES IN JUNE 2013

Form and Line Reference	Explanation
Part VI, Line 3	Communication of Financial Assistance Policies with Patients and the Public 1 CMC shall post notices regarding the availability of financial assistance to low-income, uninsured and under-insured patients. These notices will be posted in visible locations throughout the hospital, including but not limited to a admitting/registration, b cashier windows, c emergency department, and d other appropriate outpatient settings 2 These posted notices regarding financial assistance policies shall contain brief instructions on how to apply for charity care or a discounted payment. The notices will also include a contact telephone number that a patient or family member can call to obtain more information 3 CMC will ensure that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies including the Ryan White Program. Training will be provided to staff members (e.g., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills 4 When communicating to patients regarding their financial assistance policies, employees will attempt to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable Federal and State laws and regulations 5 Patients (admitted patients, as well as those who receive emergency or outpatient care) will be given written notice regarding financial assistance, including eligibility and contact information that is in the primary language spoken by the patient, as determined by California Insurance Code Section 12693.30 (populations over 5% served by the hospital) and in a manner consistent with all applicable Federal and State laws and regulations 6 CMC will share its policy with appropriate community health and human services agencies and other organizations that assist such patients 7 The Ryan White sliding fee scale is updated yearly according to the Federal Poverty Guidelines 8 All patients who potentially qualify for discounts for services under Ryan White will have their financial eligibility tested every six months

Form and Line Reference	Explanation
Part VI, Line 4	SERVICE AREA COMMUNITY IS HEADQUARTERED IN FRESNO, PROVIDING THE SAN JOAQUIN VALLEY WITH ACUTE CARE, OUTPATIENT CENTERS, CLINICS, HOME CARE, COMMUNITY EDUCATION, PHYSICIAN GROUPS AND A PHYSICIAN RESIDENCY PROGRAM IN CONJUNCTION WITH THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) WITH MORE THAN 8,000 EMPLOYEES, MORE THAN 1,300 AFFILIATED PHYSICIANS AND NEARLY 1,000 VOLUNTEERS, COMMUNITY HAS A 15,000-SQUARE-MILE PRIMARY SERVICE AREA THAT INCLUDES FRESNO, MADERA, KINGS, TULARE AND MARIPOSA COUNTIES THE AREA IS AS LARGE AS RHODE ISLAND, CONNECTICUT AND NEW JERSEY COMBINED COMMUNITY ALSO OPERATES THE ONLY COMBINED BURN AND LEVEL 1 TRAUMA UNITS BETWEEN LOS ANGELES AND SACRAMENTO, PROVIDING CRITICAL CARE AND OTHER SPECIALTY SERVICES TO PATIENTS FROM WELL OUTSIDE THE PRIMARYSERVICE REGION THOSE UNITS ARE LOCATED AT COMMUNITY REGIONAL MEDICAL CENTER (COMMUNITY REGIONAL), WHICH ALSO OPERATES ONE OF THE BUSIEST HOSPITAL EMERGENCY DEPARTMENTS IN THE NATION BOARD OF TRUSTEES COMMUNITY 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 THE CORPORATE BOARD IS ALSO ACTIVELY INVOLVED IN APPROVING FISCAL APPROPRIATIONS FOR COMMUNITY BENEFITS PROGRAMS, OUTREACH SERVICES AND EDUCATION, AS WELL AS TRADITIONAL CHARITY CARE AND UNPAID COSTS OF PUBLIC PROGRAMS FOR THE MEDICALLY UNDERSERVED CORPORATE BOARD MEMBERS, PHYSICIANS AND COMMUNITY'S LEADERSHIP TEAM HAVE HELPED IDENTIFY AND FUND COMMUNITY BENEFITS PROGRAMS

Form and Line Reference	Explanation
Part VI, Line 5	1 Community has historically spent more on uncompensated community benefits than all other Fresno-area hospitals combined And, some years, nearly double their combined total 2 It also operates the only combined burn and Level 1 trauma units between Los Angeles and Sacramento 3 Community continues to seek the views of health care, social justice, business, education and political leaders through meetings with the chief executive officer and senior leadership

Form and Line Reference	Explanation
Part VI, Line 6	N/A

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	CA

Schedule H (Form 990) 2015

Additional Data**Software ID:****Software Version:****EIN:** 94-1156276**Name:** Fresno Community Hospital
and Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities****Section A. Hospital Facilities**(list in order of size from largest to
smallest—see instructions)How many hospital facilities did the
organization operate during the tax year?2Name, address, primary website address,
and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	COMMUNITY REGIONAL MEDICAL CENTER 2823 Fresno St Fresno, CA 93721 www.communitymedical.org 040000096	X	X		X		X	X			A
2	Clovis Community Medical Center 2755 Herndon Clovis, CA 93612 www.communitymedical.org 040000004	X	X					X			a

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	THE ORGANIZATION DOES NOT HAVE A GRANT PROCEDURE FOR MONITORING THE USE OF FUNDS

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ 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 on 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	Yes
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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	Yes
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	Yes
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	Yes
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 3	The organization relied on a related organization that used one or more of the methods described to establish the CEO's compensation.
Part I, Lines 4a-b	LINE 4A THE ORGANIZATION AND JOHN CHUBB, CEO OF ONE OF FCH&MC'S TWO ACUTE CARE HOSPITALS, ENTERED INTO A SEVERANCE AGREEMENT WHEREBY MR. CHUBB WILL RECEIVE 39 BIWEEKLY PAYMENTS OF \$20,056 BEGINNING AUGUST 2014. CALENDAR YEAR 2015 PAYMENTS WERE \$521,456. COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED ORGANIZATION, AND STEVE WALTER, CFO, ENTERED INTO A SEVERANCE AGREEMENT WHEREBY MR. WALTER WILL RECEIVE 39 BIWEEKLY PAYMENTS OF \$22,470 BEGINNING FEBRUARY 2015. LINE 4B THE FOLLOWING EMPLOYEES PARTICIPATED IN SERP PLANS. DURING THE YEAR, THE FOLLOWING CONTRIBUTIONS WERE MADE TO THESE PLANS: - Patrick Rafferty \$293,877 - Joseph Nowicki \$50,480 - Craig Castro \$51,124 - Craig Wagoner \$51,284 - Thomas Utecht \$47,093 - Wanda Holderman \$38,842 - Mary Contreras \$30,066. THE FOLLOWING EMPLOYEES RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR FORM 990 FILINGS. SEE SCHEDULE J, PART II, (F) - STEPHEN WALTER \$655,128.
Part I, Line 5	The organization's 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 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, - and attract and retain highly talented executives that are critically important to the success of the organization.
Part I, Line 6	See response for Question 5.
Part I, line 3	The organization relied on a related organization that used one or more of the methods to establish the top management official's compensation.

Additional Data

Software ID:
Software Version:
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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Tim Joslin Chief Executive Officer	(i)	0	0	0	0	0	0	0
	(ii)	925,806	393,111	101,667	15,900	-	-	0
						6,903	1,443,387	
1Patrick Rafferty EVP Chief Operations Officer	(i)	0	0	0	0	0	0	0
	(ii)	666,938	308,356	71,999	309,777	-	-	0
						6,903	1,363,973	
2Joseph Nowicki SVP Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	479,139	229,217	39,071	66,380	-	-	0
						11,986	825,793	
3Craig Castro Chief Executive Officer CCMC	(i)	516,048	188,741	25,169	67,024	12,001	808,983	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4Craig Wagoner Chief Executive Officer CRMC	(i)	520,076	206,401	0	64,534	11,993	803,004	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5Thomas Utecht SVP Chief Quality Officer	(i)	468,033	161,225	18,384	62,993	13,571	724,206	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6Wanda Holderman Chief Executive Officer FHSB	(i)	399,572	140,604	10,525	52,092	8,556	611,349	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7Tracy Kintani Chief Financial Officer FaC	(i)	325,882	88,356	12,614	18,550	4,692	450,094	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Andrew Meade Chief Operations Officer CRMC	(i)	201,841	88,307	128,166	0	11,954	430,268	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Mary Contreras SVP Chief Nursing Officer	(i)	302,343	103,356	0	36,737	8,000	450,436	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Mark Kestner Chief Medical Innovation Officer	(i)	438,093	120,809	0	10,600	8,562	578,064	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11John Kass Chief Operations Officer CCMC	(i)	268,499	73,540	0	13,250	4,684	359,973	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12Karen Buckley VP Chief Nursing Officer	(i)	264,739	74,627	0	6,144	46	345,556	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Bruce Kinder Assoc Admin Amb-Support SVC	(i)	235,482	66,888	0	16,873	8,530	327,773	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14Berg Apkarian Exec Dir Physician Relations	(i)	229,090	46,750	22,042	18,760	5,190	321,832	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15Stephen Walter Former SVP CFO (thru 2/15)	(i)	0	0	0	0	0	0	0
	(ii)	50,777	0	1,225,887	0	-	-	655,128
						0	1,276,664	
16John Chubb thru 0714 Former Chief Executive Officer CRMC	(i)	0	0	521,456	0	8,761	530,217	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Fresno Community Hospital
and Medical Center

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 Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A California Municipal Finance Authority	20-1563466	130493bl2	10-08-2009	206,029,314	Construct & Equip Facility		X		X		X
B California Municipal Finance Authority	20-1563466	130493at6	05-16-2007	330,722,470	CONSTRUCTION & REFUNDING		X		X		X
C California Municipal Finance Authority	20-1563466	13048TVWO	07-01-2015	128,617,535	Construction & Refunding		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	23,350,000		29,340,000					
2	Amount of bonds legally defeased			74,025,000					
3	Total proceeds of issue	206,077,695		353,798,592		128,617,535			
4	Gross proceeds in reserve funds	14,457,398		18,875,800					
5	Capitalized interest from proceeds	25,493,130							
6	Proceeds in refunding escrows			265,588,353		76,823,699			
7	Issuance costs from proceeds	4,120,586		4,344,512		1,793,836			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	162,069,463		50,958,244		50,000,000			
11	Other spent proceeds			13,636,495					
12	Other unspent proceeds								
13	Year of substantial completion	2013		2008		2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	0 %		0 %		0 %			
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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		
b	Name of provider			Societe General					
c	Term of GIC			6900 00000000000 %					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6	Were any gross proceeds invested beyond an available temporary period?			X					
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	ROW B SERIES 2007 BONDS REFUNDED THE FOLLOWING SERIES BONDS 1993, PAR AMOUNT \$69,215,000, SERIES BONDS 2000, PAR AMOUNT \$121,230,000, SERIES BONDS 2001 PAR AMOUNT \$62,990,000 ROW C SERIES 2015 BONDS REFUNDED A PORTION OF THE SERIES 2007 BONDS OUTSTANDING WITH A PAR AMOUNT OF \$74,025,000

Return Reference	Explanation
Schedule K, Part II, Line 3	COLUMN A TOTAL PROCEEDS OF ISSUE = ISSUE PRICE + PROJECT FUND EARNINGS OF \$48,381 COLUMN B TOTAL PROCEEDS OF ISSUE = ISSUE PRICE + DEFEASANCE RESERVED FUNDS RELEASED \$21,760,612 +PROJECT FUND EARNINGS \$1,315,510

Return Reference	Explanation
Schedule K, Part II, Line 11	Column B Defeasance of prior bonds

Return Reference	Explanation
Schedule K Combined Supplemental Information	The Organization and Community Hospitals of Central California 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 Groups master trust indenture. The Organization is the primary beneficiary of the tax-exempt bond proceeds and files Schedule K for the benefit of all members of the Obligated Group.

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2015
Open to Public
Inspection

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, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Fresno Community Hospital
and Medical Center

Employer identification number
94-1156276

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) TIM JOSLIN	Officer	SPLIT INTEREST INSURANCE		X	4,520,093	4,884,292		No	Yes		Yes	
(2) TIM JOSLIN	Officer	SPLIT INTEREST INSURANCE		X	219,000	234,205		No	Yes		Yes	
(3) TIM JOSLIN	Officer	SPLIT INTEREST INSURANCE		X	219,000	225,445		No	Yes		Yes	
Total						5,343,942						

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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	No
(1) Women's Specialty & Fertility Center Inc	entity more than 35% owned by Michael Synn, BOARD MEMBER	228,959	Medical Staff Committee		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCH L, PART II, LOANS TO AND/OR FROM INTERESTED PERSONS	(C) Purpose of Loan The organization has entered into a collateral assignment split dollar agreement with Tim Joslin under Treas Reg Section 1 7872-15(e)(5)(ii) The organization has invested \$4,520,093 into this plan and is entitled to receive a return of these funds, plus an interest rate of 2 55% upon the death of Tim Joslin

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Fresno Community Hospital
and Medical Center**Employer identification number**

94-1156276

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Lines 1 & 2	Community Hospitals of Central California is the common paymaster for the Organization, Community Hospitals of Central California Foundation, and itself

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Community Hospitals of Central California (CHCC) is the sole member

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	CHCC has the sole and exclusive right to elect all members of the Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	CHCC is the sole member of this entity. As such, it has the rights of members conferred by chapter 3 of the nonprofit public benefit corporation law, sections 5310-5354, which includes the rights to approve amendments to the articles, bylaws and sale of assets outside the normal course of business. The most recent amended articles of incorporation provides that upon dissolution all remaining assets will be distributed to CHCC or its successor.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Upon completion of an initial review by senior management, the Chairman of the Board of Trustees forwards the form to the Executive Committee of the Board of Trustees for final review. The finalized Form 990 then becomes a record of the organization's Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	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 arms-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 Corporations 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 Corporations charitable purposes and do not result in inurement or impermissible private benefit FORM 990, Part VI, Section B, line 15a CHCC, the sole member of FCH&MC, establishes compensation for the CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION RESTS WITH THE BOARD'S EXECUTIVE COMPENSATION SUBCOMMITTEE. THE COMMITTEE WILL "CONSIDER ALL MATTERS INVOLVING COMPENSATION AND BENEFITS OF (I) CORPORATE OFFICERS WHO ARE CLASSIFIED AS "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE SECTION 4958, (II) ALL OTHER CORPORATE OFFICERS WHO ARE SENIOR VICE PRESIDENTS AND EXECUTIVE VICE PRESIDENTS AND (III) THE PRESIDENT/CHIEF EXECUTIVE OFFICER " THROUGH THE EXECUTIVE COMPENSATION SUBCOMMITTEE, THE BOARD HAS ENGAGED INTEGRATED HEALTHCARE STRATEGIES (IHS) TO CONDUCT A TOTAL COMPENSATION REVIEW FOR THOSE INDIVIDUALS IDENTIFIED IN THEIR SCOPE OF RESPONSIBILITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION CONSOLIDATES THE RESULTS OF ITS FINANCIAL OPERATIONS WITH THOSE OF ITS NONPROFIT AND FOR-PROFIT AFFILIATES TO ISSUE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE BUSINESS NAME COMMUNITY MEDICAL CENTER THESE AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) AT EMMA.MSRB.ORG GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Physician Fees Program service expenses 74,988,140 Management and general expenses 12,207,372 Fundraising expenses 0 Total expenses 87,195,512 MD Supervisory Fees Program service expenses 7,202,552 Management and general expenses 1,172,508 Fundraising expenses 0 Total expenses 8,375,060 Medical - Therapists and Other Program service expenses 316,094 Management and general expenses 51,457 Fundraising expenses 0 Total expenses 367,551 Other professional Fees Program service expenses 3,746,440 Management and general expenses 609,886 Fundraising expenses 0 Total expenses 4,356,326 Consulting & Management Fees Program service expenses 100,534 Management and general expenses 16,366 Fundraising expenses 0 Total expenses 116,900 Medical Purchased Service Program service expenses 5,485,223 Management and general expenses 892,943 Fundraising expenses 0 Total expenses 6,378,166 Linen Services Program service expenses 2,062,585 Management and general expenses 335,770 Fundraising expenses 0 Total expenses 2,398,355 Ambulance Service Program service expenses 1,839,443 Management and general expenses 299,444 Fundraising expenses 0 Total expenses 2,138,887 Other Purchased Services Program service expenses 86,100,062 Management and general expenses 14,016,289 Fundraising expenses 0 Total expenses 100,116,351

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	UBI from passthrough investments -21,493

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Fresno Community Hospital and Medical Center	Employer identification number 94-1156276
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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
(1) DERAN KOLOGIAN AMBULATORY CARE CENTER 2440 TULARE STREET STE 400 Fresno, CA 93721 26-3813822	Leasing	CA	36,000	0	N/A

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Community Hospitals of Central California PO Box 1232 Fresno, CA 93715 94-2864615	Hospital	CA	501(c)(3)	Line 11b, II	N/A		No
(2)Community Hospitals of Central California Foundation pO Box 1232 Fresno, CA 93715 77-0191730	Supporting Organization	CA	501(c)(3)	Line 7	Community Hospitals of Central California	Yes	
(3)Sierra Hospital Foundation pO Box 1232 fresno, CA 93715 94-1431181	Inactive	CA	501(c)(3)	Line 3	Community Hospitals of Central California	Yes	

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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Community Insurance (1) Services Company 789 N MEDICAL CTR DR East CLOVIS, CA 93611 98-0674776	Insurance	CJ	Fresno Community Hospital and Medical Center	C	-644,000	20,844,000	100 000 %	Yes	
(2) Community Care Health Plan Inc 789 N MEDICAL CTR DR East CLOVIS, CA 93611 27-3353543	HEALTH CARE PLAN	CA	Fresno Community Hospital and Medical Center	C	-118,000	6,847,000	100 000 %	Yes	
COMMUNITY HEALTH (3) ENTERPRISES INC 789 N MEDICAL CTR DR East CLOVIS, CA 93611 77-0175659	Pharmacy Sales	CA	Fresno Community Hospital and Medical Center	C	-1,251,000	4,632,000	100 000 %	Yes	
(4) Sante Health Services Inc 6051 N FRESNO STREET FRESNO, CA 93710 20-0382364	Inactive	CA	N/A	C					No

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

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

1 During the tax year, did the organization 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, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Community Hospitals of Central California Foundation	C	4,114,281	cash

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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