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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Banner Health

% DAVID BIXBY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2901 N CENTRAL AVE Suite 160

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

PHOENIX, AZ 85012

F Name and address of principal officer

PETER S FINE

2901 N CENTRAL AVE STE 160

PHOENIX, AZ 85012

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

45-0233470

E Telephone number

(602) 747-4000

G Gross receipts \$ 42,342,840,707

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BANNERHEALTH.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1938

M State of legal domicile AZ

Part I Summary

Activities & Governance

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

BANNER HEALTH'S NONPROFIT MISSION IS "MAKING HEALTH CARE EASIER, SO LIFE CAN BE BETTER"

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

14

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

12

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

54,711

6 Total number of volunteers (estimate if necessary)

6

6,140

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

32,278,736

7b Net unrelated business taxable income from Form 990-T, line 34

7b

18,128,555

Revenue

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 7d)

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

97,027,992

34,082,605

6,059,579,431

6,153,869,592

165,683,541

279,034,594

4,429,514

4,239,947

6,326,720,478

6,471,226,738

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

16,879,711

35,347,374

0

0

2,875,789,852

2,909,029,558

0

0

2,882,057,966

2,853,864,548

5,774,727,529

5,798,241,480

551,992,949

672,985,258

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

9,892,110,004

11,219,408,293

4,933,247,432

5,383,399,764

4,958,862,572

5,836,008,529

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

2018-11-06

Date

Dennis Laraway CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JUSTIN CALTABIANO

JUSTIN CALTABIANO

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 2 N CENTRAL AVENUE STE 2300

Phone no (602) 322-3000

PHOENIX, AZ 85004

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 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

BANNER HEALTH'S NONPROFIT MISSION IS "MAKING HEALTH CARE EASIER, SO LIFE CAN BE BETTER"

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 \$ 5,174,702,169 including grants of \$ 35,347,374) (Revenue \$ 6,121,590,856)
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 ▶ 5,174,702,169

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4 Yes	
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	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	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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.	5,667	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.	54,711	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?	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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?	Yes	
16b	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?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AZ, 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.
 ▶ DAVID BIXBY 2901 N CENTRAL AVE SUITE 160 PHOENIX, AZ 85012 (602) 747-4000

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

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]

[illegible]

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 ▶ 2,617

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DPR CONSTRUCTION, 222 N 44TH STREET PHOENIX, AZ 85034	CONSTRUCTION	141,610,877
PREMIER HEALTHCARE SOLUTIONS, 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HLTHCARE CONSULTING	97,673,914
CERNER CORPORATION, PO BOX 959156 ST LOUIS, MO 631959156	HEALTHCARE IT	47,614,785
HENSEL PHELPS CONSTRUCTION CO, 420 6TH AVE GREELEY, CO 80632	CONSTRUCTION	42,768,060
US FOODSERVICE INC, 2838 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FOOD SERVICES	34,351,039

Form 990 (2017)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c		0	
d	Related organizations	1d	12,916,198		
e	Government grants (contributions)	1e	14,250,398		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,916,009		
g	Noncash contributions included in lines 1a-1f \$		0		
h	Total. Add lines 1a-1f		34,082,605		

Program Service Revenue

	Business Code				
2a	HEALTHCARE SERVICES	900099	6,097,414,455	6,097,414,455	0
b	PARTNERSHIP INCOME	621500	43,793,107	24,176,401	19,616,706
c	PHARMACY	446110	5,630,557		5,630,557
d	LABORATORY	621500	2,138,732		2,138,732
e	MANAGEMENT SERVICES	541610	4,892,741		4,892,741
f	All other program service revenue				
g	Total. Add lines 2a-2f		6,153,869,592		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		80,870,460			80,870,460
4	Income from investment of tax-exempt bond proceeds		41,473			41,473
5	Royalties		0			
6a	Gross rents	(i) Real	(ii) Personal			
		14,349,278				
b	Less rental expenses	10,109,331				
c	Rental income or (loss)	4,239,947	0			
d	Net rental income or (loss)		4,239,947			4,239,947
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		36,058,493,656	1,133,643			
b	Less cost or other basis and sales expenses	35,861,104,750	399,888			
c	Gain or (loss)	197,388,906	733,755			
d	Net gain or (loss)		198,122,661			198,122,661
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
b	Less direct expenses	b	0			
c	Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities See Part IV, line 19	a	0			
b	Less direct expenses	b	0			
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less cost of goods sold	b	0			
c	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See Instructions		6,471,226,738	6,121,590,856	32,278,736	283,274,541

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.	35,207,607	35,207,607		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	139,767	139,767		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	57,399,180	0	57,399,180	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	162,977		162,977	0
7 Other salaries and wages.	2,338,547,769	2,093,882,089	244,665,680	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	54,248,926	47,585,944	6,662,982	0
9 Other employee benefits.	290,389,951	247,155,100	43,234,851	0
10 Payroll taxes.	168,280,755	147,152,408	21,128,347	0
11 Fees for services (non-employees):				
a Management.	26,353,955	26,000,952	353,003	0
b Legal.	4,368,970	551,441	3,817,529	0
c Accounting.	2,339,834	165,876	2,173,958	0
d Lobbying.	442,147	442,147	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	26,719,855	0	26,719,855	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	571,145,578	527,308,312	43,837,266	0
12 Advertising and promotion.	4,406,520	793,507	3,613,013	0
13 Office expenses.	155,961,835	78,836,933	77,124,902	0
14 Information technology.	92,039,787	84,936,930	7,102,857	0
15 Royalties.	0	0	0	0
16 Occupancy.	90,488,871	80,378,147	10,110,724	0
17 Travel.	3,807,825	2,638,929	1,168,896	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	226,620	110,778	115,842	0
20 Interest.	107,912,038	78,704,028	29,208,010	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	403,783,731	391,255,564	12,528,167	0
23 Insurance.	25,587,900	24,014,326	1,573,574	0
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	1,150,652,973	1,150,652,973	0	0
b PROVIDER TAX	36,471,456	36,471,456	0	0
c INCOME TAX	8,701,325	50	8,701,275	0
d DUES AND SUBSCRIPTIONS	5,289,797	4,144,118	1,145,679	0
e All other expenses	137,163,531	116,172,787	20,990,744	
25 Total functional expenses. Add lines 1 through 24e.	5,798,241,480	5,174,702,169	623,539,311	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		300,717,965	1	435,237,484
	2	Savings and temporary cash investments		142,191,074	2	59,088,795
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		986,034,333	4	1,081,039,291
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		54,751,528	7	50,961,350
	8	Inventories for sale or use		184,628,785	8	189,514,137
	9	Prepaid expenses and deferred charges		54,625,641	9	55,433,843
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,665,661,506		
	b	Less: accumulated depreciation	10b	3,997,952,027		
				3,482,548,797	10c	3,667,709,479
	11	Investments—publicly traded securities		3,965,380,368	11	4,544,665,459
	12	Investments—other securities. See Part IV, line 11		218,699,924	12	358,023,542
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		233,882,241	14	230,510,465
15	Other assets. See Part IV, line 11		268,649,348	15	547,224,448	
16	Total assets. Add lines 1 through 15 (must equal line 34)		9,892,110,004	16	11,219,408,293	
Liabilities	17	Accounts payable and accrued expenses		1,014,648,838	17	1,145,842,232
	18	Grants payable		0	18	0
	19	Deferred revenue		31,711,692	19	19,242,901
	20	Tax-exempt bond liabilities		2,536,905,000	20	2,948,015,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		410,506,591	23	437,055,050
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		939,475,311	25	833,244,581
26	Total liabilities. Add lines 17 through 25		4,933,247,432	26	5,383,399,764	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,783,167,106	27	5,652,672,992
	28	Temporarily restricted net assets		175,695,466	28	183,335,537
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		4,958,862,572	33	5,836,008,529	
34	Total liabilities and net assets/fund balances		9,892,110,004	34	11,219,408,293	

Part XI Reconciliation of Net AssetsCheck 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	6,471,226,738
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,798,241,480
3	Revenue less expenses Subtract line 2 from line 1	3	672,985,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,958,862,572
5	Net unrealized gains (losses) on investments	5	273,827,860
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-69,667,161
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,836,008,529

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 45-0233470

Name: Banner Health

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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			
Peter S Fine PRESIDENT & CEO	40 0 8 0	X		X				21,629,920	0	3,919,724
Larry S Lazarus V-CHAIR(THRU 6/17)/CHAIR/DIR	6 0 0 0	X		X				57,000	0	0
RONALD J CREASMAN MD Chair (thru 6/17)/Director	4 0 0 0	X		X				51,000	0	0
Christopher Volk V-CHAIR (AS OF 6/17)/DIRECTOR	6 0 0 0	X		X				57,000	0	0
Susan Bartlett Foote Director	4 0 0 0	X						51,000	0	0
Gilbert Davila Director	4 0 0 0	X						51,000	0	0
William M Dwyer Director	4 0 0 0	X						54,000	0	0
Michael Garnreiter Director	4 0 0 0	X						51,000	0	0
Vickie Keiser Director (as of 9/1/17)	4 0 0 0	X						24,000	0	0
David Kikumoto Director	4 0 0 0	X						54,000	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			
John Koster MD Director	4 0 0 0	X						39,000	0	0
Steve Lynn Director	4 0 0 0	X						51,000	0	0
Anne Mariucci Director	4 0 4 0	X						51,000	0	0
Quentin P Smith Jr Director	4 0 0 0	X						54,000	0	0
Cheryl Wenzinger Director (thru 9/1/17)	4 0 0 0	X						27,000	0	0
Elizabeth Avant ASSISTANT SEC & LEGAL OPS	40 0 8 0			X				114,683	0	12,412
David Bixby SVP/GENERAL COUNSEL/SECRETARY	40 0 8 0			X				1,083,566	0	1,294,328
Kathy Bollinger EXEC VP, ACADEMIC DELIVERY	40 0 8 0			X				1,146,216	0	394,166
Ronald Bunnell EXEC VP & CAO (thru 9/30/17)	40 0 8 0			X				12,383,749	0	355,326
Naomi Cramer Chief HR Officer (as of 6/17)	40 0 8 0			X				623,660	0	501,978

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			
Dennis Dahlen SVP & CFO (thru 5/2/17)	40 0 8 0			X				1,336,924	0	113,802
John Hensing MD Exec VP, Chief Medical Officer	40 0 8 0			X				1,285,700	0	534,462
Rebecca Kuhn EXEC VP, COMMUNITY DELIVERY	40 0 8 0			X				1,475,681	0	1,211,516
Dennis Laraway SVP/CFO (as of 9/30/17)	40 0 8 0			X				466,852	0	213,213
Charles Lehn EXEC VP, STRATEGIC GROWTH	40 0 8 0			X				865,630	0	231,108
Alexandra Morehouse McReynolds Chief Mkting off (as of 6/17)	40 0 8 0			X				658,417	0	493,884
Brenda Schaefer VP, TREASURY/TREASURER	40 0 8 0			X				384,407	0	102,963
Robert Gould PRESIDENT - ARIZONA WEST	40 0 0 0				X			1,273,530	0	34,773
Margo Karsten CEO - Northern Colorado	40 0 0 0				X			450,788	0	178,851
Anuj Narang CEO - BANNER UMC-PHOENIX	40 0 4 0				X			774,428	0	177,921

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Banner Health

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

2017

Open to Public Inspection

Employer identification number

45-0233470

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2016. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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>		
	11a	
	11b	
	11c	

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>		
	1	
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>		
	2	

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>		
	1	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
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>		
	2	
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>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
a 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>	Yes	No
	2a	
b 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>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>		
	3a	
b 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>		
	3b	

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 (explain in Part VI) **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 <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 45-0233470
Name: Banner Health

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 C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Banner Health	Employer identification number 45-0233470
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		236,110
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		206,037
j	Total Add lines 1c through 1i			442,147
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G AND 1I	BANNER HEALTH (BH) ENGAGED SEVERAL INDEPENDENT CONTRACTORS TO PROVIDE GOVERNMENT RELATIONS AND POLITICAL CONSULTING SERVICES FOR BH. THESE CONTRACTORS WORKED WITH BOTH THE FEDERAL AND STATE GOVERNMENTS ON ISSUES IMPORTANT TO BANNER HEALTH'S CHARITABLE MISSION. IN 2017, BANNER HEALTH PAID \$236,110 FOR THESE SERVICES AND THESE AMOUNTS ARE REPORTED ON LINE 1G. BH MAINTAINS A GOVERNMENT RELATIONS DEPARTMENT. \$81,815 OF THE AMOUNT REPORTED ON LINE 1I IS RELATED TO THE SERVICES PROVIDED BY THE GOVERNMENT RELATIONS DEPARTMENT IN CONNECTION WITH STATE AND LOCAL LEGISLATIVE ACTIVITIES INCLUDING GENERAL LOBBYING AT THE STATE LEGISLATIVE LEVEL. \$124,222 OF THE AMOUNT REPORTED ON LINE 1I IS RELATED TO DUES PAID TO VARIOUS PROFESSIONAL MEDICAL ASSOCIATIONS IN WHICH BANNER HEALTH HOLDS MEMBERSHIP. THESE ASSOCIATIONS HAVE MADE A DETERMINATION THAT A CERTAIN AMOUNT OF THE DUES PAID WERE USED FOR LOBBYING ACTIVITIES.

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

2017

Open to Public Inspection

Name of the organization
Banner Health

Employer identification number
45-0233470

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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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

b

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

	Yes	No
3a(i)		
3a(ii)		
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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		243,850,722		243,850,722
b Buildings		1,846,517,175	798,809,367	1,047,707,808
c Leasehold improvements		54,877,800	25,793,604	29,084,196
d Equipment		4,917,815,834	3,111,734,884	1,806,080,950
e Other		602,599,975	61,614,172	540,985,803
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,667,709,479

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
LONG-TERM SWAPS	311,004,047
HOSPITAL LEASE OBLIGATION	223,060,519
SELF-INSURANCE LIABILITIES	54,430,023
THIRD PARTY PAYOR SETTLEMENTS	54,011,667
SERP LIABILITY	50,924,759
PENSION PAYABLE	47,761,065
CAP LEASE PAYABLE	24,657,139
MISC LIABILITIES	67,395,362
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	833,244,581

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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: 45-0233470
Name: Banner Health

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	LONG-TERM SWAPS	311,004,047
	HOSPITAL LEASE OBLIGATION	223,060,519
	SELF-INSURANCE LIABILITIES	54,430,023
	THIRD PARTY PAYOR SETTLEMENTS	54,011,667
	SERP LIABILITY	50,924,759
	PENSION PAYABLE	47,761,065
	CAP LEASE PAYABLE	24,657,139
	MISC LIABILITIES	67,395,362

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	BANNER HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS BANNER'S 2014 THROUGH 2017 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES, WHEREAS THE 2013 THROUGH 2017 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR STATE TAXING JURISDICTIONS IN WHICH BANNER OPERATES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Banner Health

Statement of Activities Outside the United States

► 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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

45-0233470

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
(1) Central America and the Caribbean			Investments		853,223,518
(2)					
(3)					
(4)					
(5)					
3a Sub-total					853,223,518
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					853,223,518

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)
(1)									
(2)									
(3)									
(4)									

- 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493316031658

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

Banner Health

Employer identification number

45-0233470

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%☐ 150%☒ 200%☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%☐ 250%☐ 300%☐ 350%☐ 400%☒ Other 500 %

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

No

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

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

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

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)			73,436,286		73,436,286	1 270 %
b Medicaid (from Worksheet 3, column a)			1,283,955,772	801,636,811	482,318,961	8 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,357,392,058	801,636,811	555,755,247	9 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,648,134	234,841	8,413,293	0 150 %
f Health professions education (from Worksheet 5)			125,920,740	80,769,967	45,150,773	0 780 %
g Subsidized health services (from Worksheet 6)			25,718,698	2,238,130	23,480,568	0 410 %
h Research (from Worksheet 7)			42,174,079	31,165,872	11,008,207	0 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,479,314		3,479,314	0 060 %
j Total. Other Benefits			205,940,965	114,408,810	91,532,155	1 580 %
k Total. Add lines 7d and 7j			1,563,333,023	916,045,621	647,287,402	11 170 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

Part II

Community 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		10,000		10,000	0 %
2	Economic development		40,961		40,961	0 %
3	Community support		106,280	79,029	27,251	0 %
4	Environmental improvements					
5	Leadership development and training for community members		5,860	82	5,778	0 %
6	Coalition building		98,951		98,951	0 %
7	Community health improvement advocacy					
8	Workforce development		115,463		115,463	0 %
9	Other					
10	Total		377,515	79,111	298,404	0 010 %

Part III

Bad 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

No

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

60,935,816

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

36,561,489

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

1,272,194,718

6

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

6

1,242,200,328

7

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

7

29,994,390

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☒

Cost accounting system

☐

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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 IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LOVELAND ENDOSCOPY	ENDOSCOPY CENTER	25 %		75 %
2 BANNER DESERT SURG	AMBULATORY SURGERY CENTER	63 5 %		36 5 %
3 SURGICENTER OF AMER	AMBULATORY SURGERY CENTER	70 351 %		29 649 %
4 KIDNEY CARE LLC	NEPHROLOGY CENTER	33 %		67 %
5 BANNER UNION HILLS	AMBULATORY SURGERY CENTER	51 %		49 %
6 BHSM REHABILITATION	REHABILITATION	51 %		49 %
7 BANNERCORE ORTHOPED	HEALTHCARE MANAGEMENT	50 %		50 %
8 BANNER AZ ASC LLC	AMBULATORY SURGERY CENTER	51 %		49 %
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year?

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)

See Additional Data Table

Licensed hospital

Children & hospital

Teaching hospital

Critical access hospital

Research facility;

EH-24 hours

ER-other

Other (describe)

Facility reporting group

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)

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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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
6 a	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	No
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
23		No
24		No

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)

B

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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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
6 a	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	Yes
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

B

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

B

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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)
C**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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</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
6 a	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	Yes
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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 <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

C

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

C

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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)
Banner Payson Medical Center**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):** _____

17

		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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</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	No
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

Banner Payson Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Banner Payson Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Banner Payson Medical Center

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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)
Banner Lassen Medical Center**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):** _____

18

		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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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	No
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

Banner Lassen Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>350</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Banner Lassen Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Banner Lassen Medical Center

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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)
BANNER FORT COLLINS MEDICAL CENTER**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):** _____

20

		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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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	No
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
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>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

BANNER FORT COLLINS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

BANNER FORT COLLINS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BANNER FORT COLLINS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? **175**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3A	THE FEDERAL POVERTY GUIDELINES (FPG) FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE IS 200% FOR HOSPITAL FACILITIES LOCATED IN ARIZONA, COLORADO, NEBRASKA, NEVADA, AND WYOMING THE FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE IS 350% FOR THE HOSPITAL FACILITY LOCATED IN CALIFORNIA SCHEDULE H, PART I, LINE 3C BANNER HEALTH (BANNER/BH) USES FPG DEDICATED TO PROVIDING QUALITY HEALTHCARE TO ALL PATIENTS REGARDLESS OF AGE, SEX, RACE, RELIGION, DISABILITY, VETERAN STATUS, NATIONAL ORIGIN AND/OR ABILITY TO PAY DETERMINATIONS ARE MADE BASED UPON BANNERS FINANCIAL ASSISTANCE POLICY BHS FINANCIAL ASSISTANCE PROGRAM IS INTENDED TO ADDRESS THE DUAL INTERESTS OF PROVIDING ACCESS TO CARE TO THOSE WITHOUT THE ABILITY TO PAY (ECONOMIC INDIGENCE) AND TO OFFER A DISCOUNT FROM BILLED CHARGES FOR THOSE WHO ARE ABLE TO PAY A PORTION OF THE COSTS OF THEIR CARE (MEDICAL INDIGENCE) THIS POLICY ESTABLISHES TWO FINANCIAL ASSISTANCE PROGRAMS, THE BASIC FINANCIAL ASSISTANCE PROGRAM AND THE ENHANCED ASSISTANCE PROGRAM UNDER THE BASIC FINANCIAL ASSISTANCE PROGRAM, UNINSURED PERSONS HAVING ANNUAL HOUSEHOLD INCOMES OF \$125,000 OR LESS WILL QUALIFY FOR FINANCIAL ASSISTANCE IN THE FORM OF DISCOUNTED PRICING COMPARABLE TO THAT AVAILABLE TO COMMERCIAL INSURANCE PAYORS WITHOUT HAVING TO APPLY FOR MEDICAID ASSISTANCE UNDER THE ENHANCED FINANCIAL ASSISTANCE PROGRAM, UNINSURED PERSONS HAVING HOUSEHOLD INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LINE WILL QUALIFY FOR FINANCIAL ASSISTANCE IN THE FORM OF SUBSTANTIAL DISCOUNTS OR FREE CARE, SUBJECT TO APPLICATION FOR MEDICAID ASSISTANCE BH MAKES EVERY EFFORT TO COMPLETE A FINANCIAL EVALUATION AT THE EARLIEST POSSIBLE POINT IN THE REGISTRATION/COLLECTION PROCESS FOR ALL PATIENTS INDICATING AN INABILITY TO MEET THEIR FINANCIAL OBLIGATIONS BANNER WILL PROVIDE A FINANCIAL ASSISTANCE PROGRAM APPLICATION AFTER ALL OTHER OPTIONS FOR REIMBURSEMENT HAVE BEEN EXHAUSTED SEE PART VI, LINE 3 FOR INFORMATION ON HOW PATIENTS ARE MADE AWARE OF BHS FINANCIAL ASSISTANCE PROGRAM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	BANNER HEALTH PREPARES AN ANNUAL SYSTEM REPORT OF COMMUNITY BENEFIT ACTIVITIES AS WELL AS AN ELECTRONIC BANNER HEALTH COMMUNITY UPDATE WHICH INCLUDES A COMMUNITY MESSAGE, AND HIGHLIGHTS COMMUNITY LEADERSHIP, AND SUPPORT Banner Health Community Health Needs Assessments are located at https //www bannerhealth com

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	1) FINANCIAL ASSISTANCE AT COST, MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAMS - USING THE COST-TO CHARGE METHODOLOGY DETERMINED BY THE COST ACCOUNTING SYSTEM, THE RATIO OF PATIENT CARE COST TO CHARGES OR RELATIVE VALUE UNITS IS APPLIED TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF FINANCIAL ASSISTANCE THE COST ACCOUNT SYSTEM ADDRESSES ALL PATIENT SEGMENTS AT THE ACUTE CARE FACILITIES THE COST ACCOUNTING APPLICATION IS NOT IMPLEMENTED AT THE HEALTH CENTERS, PHYSICIAN PRACTICES, HOME CARE, SURGICAL CENTERS, OR OCCUPATIONAL HEALTH 2) COMMUNITY HEALTH IMPROVEMENT BANNER USES THE CBISA, COMMUNITY BENEFIT INVENTORY TOOL TO COORDINATE AND ESTIMATE THE COSTS ASSOCIATED WITH COMMUNITY HEALTH IMPROVEMENT INITIATIVES 3) HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, AND RESEARCH ACTUAL COST LESS REIMBURSEMENTS AS REPORTED IN THE GENERAL LEDGER ARE USED TO VALUE THESE ACTIVITIES, WHICH OPERATED AT A LOSS PROVIDE INVALUABLE SERVICES TO BH COMMUNITIES 4) CASH AND IN-KIND CONTRIBUTIONS ACTUAL OR FAIR MARKET VALUE IS USED TO VALUE THESE CONTRIBUTIONS OR ACTIVITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES REPORTED IN SECTION 7G INCLUDES, AMONG OTHER THINGS, ALZHEIMER'S MEMORY DISORDER AND RESIDENTIAL TREATMENT PROGRAMS, POISON AND DRUG INFORMATION SERVICES, PALLIATIVE CARE CLINICS, TRAUMA CARE, BURN CLINICS, PRESCRIPTION ASSISTANCE PROGRAMS, BEHAVIORAL HEALTH CARE, FUNDED FOLLOW-UP AND CONTINUING CARE FOR INDIGENTS, SENIOR ADULT DAY CARE, COMMUNITY BASED PRENATAL PROGRAM FOR UNDER/UNINSURED MOTHERS, SCHOOL-BASED CLINIC ACTIVITIES, WOMEN'S AND CHILDREN'S SERVICES, FREE/REDUCED MAMMOGRAMS AND BONE DENSITY TESTS AND PROGRAMS FOR THE CHRONIC INEBRIATE POPULATION OPERATED AT A LOSS, RESPECTIVE BH COMMUNITIES WOULD BE DEPRIVED OF THESE SERVICES IF NOT FOR THE ORGANIZATION'S INVOLVEMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	IN FURTHERANCE OF ITS EXEMPT MISSION, BH PROVIDES A BROAD RANGE OF BENEFITS TO THE COMMUNITIES IT SERVES THESE ACTIVITIES PROMOTED THE HEALTH, SAFETY AND WELL-BEING OF LOCAL COMMUNITIES BY PROVIDING ADVOCACY SERVICES TO ITS CONSTITUENTS THROUGH PARTICIPATION IN LOCAL AND NATIONAL HEALTH CAMPAIGNS, ENHANCING COMMUNITY WORKFORCE THROUGH RECRUITMENT FOR MEDICALLY UNDERSERVED AREAS, PROVISION OF LEADERS TO DEVELOP LOCAL TALENT, PROVISION OF STAFF FOR COMMUNITY VOLUNTEERISM, RECOGNIZING THE EMPLOYEE VOLUNTEER BASE, PARTICIPATION IN VARIOUS COMMUNITY AWARENESS PROGRAMS, INVOLVEMENT IN COMMUNITY ECONOMIC DEVELOPMENT EFFORTS AND BEING A GOOD CORPORATE CITIZEN THE RESULTS OF THESE EFFORTS INCLUDE BUT ARE NOT LIMITED TO -PROMOTING COMMUNITY HEALTH -PROVIDING VOLUNTEER LEADERSHIP TO LOCAL BOARDS AND TASK FORCES THEREBY ALLOWING THE ENTITY TO CHANNEL RESOURCES TO THE COMMUNITY NEED INSTEAD OF SALARIES -PROVIDING FEDERAL MEDICALLY UNDERSERVED AREAS WITH PHYSICIANS -PROVIDING DISASTER TRAINING AND EDUCATION TO IMPROVE COMMUNITY SAFETY AND AWARENESS FOR RESIDENTS -PARTNERING WITH LOCAL BLOOD BANKS TO BLOOD COMBAT SHORTAGES -PROVIDING MEETING ROOM, ELECTRONIC TELECONFERENCE TECHNOLOGY AND OTHER SPACE FOR VARIOUS COMMUNITY GROUPS WITHOUT THESE IN-KIND DONATIONS, THESE ORGANIZATIONS WOULD BE REQUIRED TO EXPEND FUNDS, FUNDS NEEDED IN SUPPORT OF THEIR MISSIONS FOR SPACE RENTAL -PARTNERING WITH LOCAL UNITED WAY AGENCIES TO IMPROVE AND ENHANCE COMMUNITY INITIATIVES -SUPPORT OF COMMUNITY SOCIAL SERVICE NEEDS THROUGH EMPLOYEE FOOD AND CLOTHING INITIATIVES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 1	BH WRITES OFF BAD DEBT AS AN OPERATING EXPENSE (AS OPPOSED TO A REDUCTION IN ALLOWANCE) BAD DEBT RESERVES ARE EVALUATED MONTHLY THIS METHODOLOGY ALLOWS THE ORGANIZATION TO ARRIVE AT THE SAME POSITION DESCRIBED IN THE HFMA'S STATEMENT 15, "VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS " HOWEVER, BH DOES NOT WRITE DOWN SELF-PAY ACCOUNTS USING A CONTRA REVENUE ACCOUNT UNLESS WE HAVE DEEMED IT FINANCIAL ASSISTANCE, WHICH IS A VARIANCE FROM THE STATEMENT (WHICH REQUIRES A WRITE-DOWN OF THE RECEIVABLE TO THE COLLECTIBLE AMOUNT USING A CONTRA REVENUE ACCOUNT)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE PATIENT CARE COST-TO-CHARGES RATIO IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO ACCOUNTS/AMOUNTS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	<p>PREVIOUSLY THE ORGANIZATION ENGAGED A THIRD PARTY TO ASSESS THE VALIDITY OF ACCOUNTS ATTRIBUTABLE TO BAD DEBT AND TO ANALYZE WHAT PERCENT OF BAD DEBT COULD BE/SHOULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD OTHERWISE HAVE QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE BH FINANCIAL ASSISTANCE POLICIES. BASED ON THAT STUDY, BH ESTIMATES THAT IN EXCESS OF 60% OF THE PATIENT ACCOUNTS COMPRISING THE ORGANIZATIONS BAD DEBT MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER BH POLICIES. FOLLOWING THIS STUDY, THE ORGANIZATION ENDEAVORED TO ENHANCE EFFORTS TO INFORM PATIENTS OF ITS FINANCIAL ASSISTANCE POLICIES. HOWEVER, IN ORDER TO ENSURE THAT THE ORGANIZATIONS ENHANCED FINANCIAL ASSISTANCE POLICY IS UTILIZED ONLY BY THOSE PERSONS WHO TRULY REQUIRE SUCH ENHANCED ASSISTANCE, THE POLICY REQUIRES THAT PATIENTS MUST FIRST COMPLETE AN APPLICATION, PROVIDE SUPPORTING DOCUMENTATION AND (WITH SOME EXCEPTIONS) APPLY FOR MEDICAID. DESPITE ENCOURAGEMENT BY THE ORGANIZATION, THERE ARE MANY TIMES WHEN THE PATIENT REFUSES OR IS UNABLE TO COMPLETE AN APPLICATION TO BH, PROVIDE INFORMATION TO SUPPORT QUALIFICATION, OR APPLY FOR MEDICAID.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	<p>1) FOOTNOTE PER AUDITED FINANCIAL STATEMENTS (PAGE 13) NET PATIENT ACCOUNTS RECEIVABLE FOOTNOTE NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICES REVENUES HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE RECEIVED BASED ON CONTRACTUAL RATES FOR SERVICES RENDERED THESE ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-PARTY PAYORS MANAGEMENT ESTIMATES THE PROVISION FOR DOUBTFUL ACCOUNTS AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR EACH MAJOR PAYOR BASED UPON HISTORICAL COLLECTION EXPERIENCE OF EACH FACILITY BANNER EVALUATES A PATIENTS ABILITY TO PAY FOR SERVICES BASED ON AN ENTITY-WIDE ASSESSMENT, AND AS PART OF THIS ASSESSMENT HAS DETERMINED THAT MANAGEMENT DOES NOT ASSESS THE PATIENTS ABILITY TO PAY FOR THE MAJORITY OF SELF-PAY PATIENTS ACCORDINGLY, ANY PATIENT ACCOUNT WRITE-OFF IS RECORDED WITHIN THE PROVISION FOR DOUBTFUL ACCOUNTS AS A REDUCTION OF PATIENT SERVICE REVENUE MANAGEMENT REGULARLY REVIEWS PAYMENT DATA FOR EACH MAJOR PAYOR IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS 2)COSTING METHODOLOGY THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>The Medicare Cost Reports that hospitals are required to file do not include all of the costs required to treat Medicare patients. Using a financial statement cost-to-charge ratio methodology, the 2017 result is a Medicare surplus of \$29.9 M. This situation is not anticipated to continue and a return to a shortfall position is projected as calculations reflected on the Cost Report do not customarily take into account all costs incurred by the organization and differs from the cost reflected on the financial statements. Future Medicare shortfalls should be treated as community benefit because absent this program, many individuals would qualify for financial assistance and other needs-based programs, by accepting payment below cost to treat these individuals, the burdens of the government are relieved, and the amount spent to cover the Medicare shortfall is money not available to cover financial assistance and other community benefit needs.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>BANNER HEALTH'S FINANCIAL ASSISTANCE POLICIES REQUIRE THAT THE ACCOUNTS OF PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE BE WRITTEN OFF EITHER IN FULL OR IN PART, DEPENDING UPON THE LEVEL OF THE FINANCIAL ASSISTANCE FOR WHICH THE PATIENT HAS QUALIFIED IF THE ACCOUNT IS NOT WRITTEN OFF COMPLETELY, THE REDUCED BALANCE IS TREATED IN THE SAME MANNER AS ACCOUNTS FOR PATIENTS WITHOUT INSURANCE WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE FOR THOSE PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE AND FOR THE PORTION OF THE ACCOUNTS REMAINING AFTER APPLICATION OF THE FINANCIAL ASSISTANCE POLICIES FOR PATIENTS WHO QUALIFY FOR SUCH ASSISTANCE, ACCOUNT COLLECTION PROCESS IS AS FOLLOWS 1) THE PATIENT OR GUARANTOR WILL RECEIVE 3 STATEMENTS PRIOR TO THE ACCOUNT BEING PLACED WITH AN OUTSIDE AGENCY THE STATEMENT PROCESS INVOLVES 3 STATEMENT CYCLES FOR EACH ACCOUNT (A) 1 DAY AFTER FINAL BILL, (B) 36 DAYS AFTER FINAL BILL, AND (C) 71 DAYS AFTER FINAL BILL THE PROCESS TAKES 105 DAYS TO COMPLETE THE ACCOUNT IS SENT TO COLLECTIONS 5 DAYS AFTER THE FINAL STATEMENT CYCLE 2) ATTEMPTS ARE MADE TO VERIFY PHYSICAL LOCATION OF PATIENT AND ALSO TO DETERMINE IF THE PATIENT MAY BE ELIGIBLE FOR AHCCCS/MEDICAID COVERAGE IN ADDITION AN ATTEMPT IS MADE VIA PHONE BASED ON THE GUARANTORS PROPENSITY TO PAY AND A DETERMINED DOLLAR AMOUNT FOR THE TOP 50% OF OUR CUSTOMERS 3) ACCOUNTS ARE TURNED OVER TO AN OUTSIDE AGENCY UNDER CONTRACT WITH BH WHEN ALL EFFORTS HAVE BEEN EXHAUSTED 4) ONCE ASSIGNED TO AN OUTSIDE COLLECTION AGENCY, VARIOUS DEBT COLLECTION PRACTICES ARE UTILIZED IN DIFFERENT STATES, DEPENDING UPON LOCAL CUSTOM AND PRACTICE IN ALMOST ALL SITUATIONS, THE COLLECTION AGENCY ATTEMPTS TO OBTAIN PAYMENT FROM THE PATIENT BY MEANS OF DIRECT TELEPHONE CONTACT IF THIS IS UNSUCCESSFUL, FAILURE TO MAKE PAYMENT UPON AN ACCOUNT RESULTS IN A REPORT TO A CREDIT AGENCY IN CERTAIN STATES, THE COLLECTION AGENCY WILL FILE A COLLECTION LAWSUIT TO OBTAIN A JUDGMENT UPON THE UNPAID ACCOUNT, DEPENDING UPON THE ASSESSMENT OF THE AGENCY AS TO THE POTENTIAL COLLECTABILITY OF THE ACCOUNT IN THE ORGANIZATIONS PRIMARY STATE, ARIZONA, LAWSUITS ARE RARELY INITIATED, TYPICALLY ONLY WHEN THERE IS REASON TO BELIEVE THAT THE PATIENT HAS SUFFICIENT NET ASSETS TO PAY THE ACCOUNT AND REQUIRE THE PRIOR APPROVAL OF BH</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>BANNER HEALTH UTILIZES ITS STRATEGY AND PLANNING TEAM TO CONTINUALLY IDENTIFY AREAS IN THE COMMUNITIES BH SERVES WHERE INSTITUTIONAL CLINICAL NEEDS ARE NOT BEING SATISFIED ESPECIALLY FOR THOSE WITHIN UNDERSERVED, UNINSURED AND MINORITY POPULATIONS IT ALSO LEVERAGES A MULTI-PHASED APPROACH TO UNDERSTANDING GAPS IN SERVICES PROVIDED TO COMMUNITIES SERVED BY HOSPITALS WITHIN THE SYSTEM AS WELL AS COMMUNITY RESOURCES THROUGH A COMBINATION OF POPULATION GROWTH AND CHANGING DEMOGRAPHICS ANALYSIS, DETAILED ANALYSIS OF NATIONAL, STATE AND COUNTY DATA SOURCES, HEALTHCARE SERVICES AVAILABLE THROUGH OTHER HOSPITAL PROVIDERS, PHYSICIAN SUPPLY IN THE BH SERVICE AREAS, NEW AND MORE EFFECTIVE HEALTHCARE SERVICES THAT ARE BECOMING AVAILABLE THAT WOULD ELEVATE THE QUALITY OF HEALTHCARE SERVICES PROVIDED TO BH COMMUNITIES, AND DEMAND PRESSURES EXPERIENCED BY EXISTING BH FACILITIES AND PHYSICIANS ON A LOCAL BASIS, HOSPITAL MANAGEMENT TEAMS REGULARLY CONSULT WITH COMMUNITY LEADERS AND PARTNERS, LOCAL COMMUNITY-BASED ADVISORY BOARDS, OTHER SERVICE PROVIDERS (INCLUDING FEDERALLY QUALIFIED HEALTH CLINICS) AND BUSINESSES TO IDENTIFY UNMET PHYSICIAN AND HOSPITAL NEEDS THESE FINDINGS ARE THEN PRIORITIZED BASED ON SYSTEM CAPITAL AND OPERATING RESOURCE AVAILABILITY, FEASIBILITY, AVAILABILITY OF PHYSICIANS TO BE RECRUITED TO THE SERVICE AREA, AND SUSTAINABILITY BASED UPON THIS PRIORITIZATION, CAPITAL AND OPERATING RESOURCES ARE THEN INTEGRATED INTO THE FACILITY AND SYSTEM BUDGETS AND PLANS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>POLICIES AND PROCEDURES EXIST TO EDUCATE OUR PATIENTS ON FINANCIAL ASSISTANCE ELIGIBILITY AND THEY ARE PROVIDED NUMEROUS OPPORTUNITIES FOR EDUCATION ON BANNER HEALTH FINANCIAL ASSISTANCE POLICIES THE FOLLOWING ARE EXAMPLES OF COMMUNICATION/EDUCATION AVAILABLE TO BH PATIENTS</p> <p>a SIGNAGE AND COLLATERAL IN BOTH ENGLISH AND SPANISH ARE POSTED PROMINENTLY IN PATIENT WAITING LOBBIES, INCLUDING THE EMERGENCY DEPARTMENTS, STATING THAT BANNER HAS FINANCIAL ASSISTANCE PROGRAMS FOR THOSE WHO DO NOT HAVE INSURANCE OR MAY BE UNABLE TO PAY FOR THEIR SHARE OF THE COST OF SERVICES</p> <p>b A TOLL-FREE NUMBER IS PROVIDED FOR THE PATIENTS/FAMILYS CONVENIENCE</p> <p>c AFTER MEDICAL SCREENING, PATIENTS ARE VISITED BY STAFF AND INFORMED OF THE FINANCIAL POLICY STAFF ALSO ASSISTS POTENTIALLY ELIGIBLE PATIENTS TO APPLY FOR ENROLLMENT FOR MEDICAID/AHCCCS</p> <p>d A BRIGHTLY COLORED INSERT IS INCLUDED IN ALL OF OUR BILLING STATEMENT TO PATIENTS THE INSERT AGAIN INFORMS PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN BOTH ENGLISH AND SPANISH AND PROVIDES TOLL-FREE ACCESS</p> <p>e DEPARTMENT REPRESENTATIVES AGAIN INFORM PATIENTS OF THE FINANCIAL ASSISTANCE POLICIES DURING THE SELF-PAY COLLECTION PROCESS</p> <p>f BANNER HEALTH WEBSITE PROVIDES INFORMATION IN BOTH ENGLISH AND SPANISH OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGHOUT THE PROCESS, STAFF CONTINUES TO ADVISE POTENTIALLY ELIGIBLE PATIENTS OF THE POSSIBILITY OF ENROLLMENT IN MEDICAID/AHCCCS AND OFFER TO ASSIST IN SUCH ENROLLMENT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>BH HAD 28 HOSPITALS (AS OF DECEMBER 31, 2017), AND OPERATES OR LEASES NURSING HOMES, PHYSICIAN CLINICS, HOME HEALTH AGENCIES, AMBULATORY FACILITIES, AND DURABLE MEDICAL EQUIPMENT SERVICES IN SIX WESTERN STATES WHICH INCLUDE DEMOGRAPHIC AREAS THAT RANGE FROM METROPOLITAN TO REMOTE RURAL AREAS THE FOLLOWING SETS FORTH PERTINENT DEMOGRAPHIC INFORMATION WITH RESPECT TO THE COMMUNITIES AND AREAS SERVED BY BH FACILITIES A ARIZONA 1) STATE I) POPULATION 7,016,270 II) MEDIAN HOUSEHOLD INCOME \$51,340 III) POPULATION BELOW POVERTY LEVEL 16.40% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 11.90% V) UNINSURED ADULTS LIVING IN POVERTY 12.00% VI) NO COVERAGE AT ANY TIME DURING THE YEAR - ALL AGES 28.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 22.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 20.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 64.00% 2) MARICOPA COUNTY I) POPULATION 4,307,033 II) MEDIAN HOUSEHOLD INCOME \$55,676 III) POPULATION BELOW POVERTY LEVEL 15.00% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 11.70% 3) PINAL COUNTY I) POPULATION 430,237 II) MEDIAN HOUSEHOLD INCOME \$51,190 III) POPULATION BELOW POVERTY LEVEL 15.40% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 11.30% 4) COCONINO COUNTY I) POPULATION 140,776 II) MEDIAN HOUSEHOLD INCOME \$51,106 III) POPULATION BELOW POVERTY LEVEL 17.80% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 13.80% B CALIFORNIA 1) STATE I) POPULATION 39,536,653 II) MEDIAN HOUSEHOLD INCOME \$63,783 III) POPULATION BELOW POVERTY LEVEL 14.30% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 8.30% V) UNINSURED ADULTS LIVING IN POVERTY 8.00% VI) NO COVERAGE AT ANY TIME DURING THE YEAR - ALL AGES 17.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 14.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 14.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 59.00% 2) LASSEN COUNTY I) POPULATION 31,163 II) MEDIAN HOUSEHOLD INCOME \$51,457 III) POPULATION BELOW POVERTY LEVEL 17.60% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 4.90% C COLORADO 1) STATE I) POPULATION 5,607,154 II) MEDIAN HOUSEHOLD INCOME \$62,520 III) POPULATION BELOW POVERTY LEVEL 11.00% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 8.60% V) UNINSURED ESTIMATE OF TOTAL POPULATION 10.00% VI) UNINSURED ADULTS LIVING IN POVERTY 27.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 21.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 19.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 52.00% 2) LARIMER COUNTY I) POPULATION 343,976 II) MEDIAN HOUSEHOLD INCOME \$61,942 III) POPULATION BELOW POVERTY LEVEL 11.20% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 7.30% 3) LOGAN COUNTY I) POPULATION 21,896 II) MEDIAN HOUSEHOLD INCOME \$43,340 III) POPULATION BELOW POVERTY LEVEL 16.40% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 10.70% 4) MORGAN COUNTY I) POPULATION 28,192 II) MEDIAN HOUSEHOLD INCOME \$49,495 III) POPULATION BELOW POVERTY LEVEL 11.70% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 12.00% 5) WELD COUNTY I) POPULATION 304,633 II) MEDIAN HOUSEHOLD INCOME \$62,820 III) POPULATION BELOW POVERTY LEVEL 11.50% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 8.70% D NEBRASKA 1) STATE I) POPULATION 1,920,076 II) MEDIAN HOUSEHOLD INCOME \$54,381 III) POPULATION BELOW POVERTY LEVEL 11.40% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 11.40% V) UNINSURED ESTIMATE OF TOTAL POPULATION 7.00% VI) UNINSURED ADULTS LIVING IN POVERTY 27.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 20.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 16.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 59.00% 2) KEITH COUNTY I) POPULATION 8,072 II) MEDIAN HOUSEHOLD INCOME \$43,100 III) POPULATION BELOW POVERTY LEVEL 12.80% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 10.00% E NEVADA 1) STATE I) POPULATION 2,998,039 II) MEDIAN HOUSEHOLD INCOME \$53,094 III) POPULATION BELOW POVERTY LEVEL 13.80% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 13.10% V) UNINSURED ESTIMATE OF TOTAL POPULATION 9.00% VI) UNINSURED ADULTS LIVING IN POVERTY 23.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 18.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 15.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 66.00% 2) CHURCHILL COUNTY I) POPULATION 24,230 II) MEDIAN HOUSEHOLD INCOME \$45,365 III) POPULATION BELOW POVERTY LEVEL 14.20% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 13.60% F WYOMING 1) STATE I) POPULATION 579,315 II) MEDIAN HOUSEHOLD INCOME \$59,143 III) POPULATION BELOW POVERTY LEVEL 11.30% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 13.40% V) UNINSURED ESTIMATE OF TOTAL POPULATION 10.00% VI) UNINSURED ADULTS LIVING IN POVERTY 24.00% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 21.00% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 18.00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 60.00% 2) GOSHEN COUNTY I) POPULATION 13,378 II) MEDIAN HOUSEHOLD INCOME \$4</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>4,883 III) POPULATION BELOW POVERTY LEVEL 14 60% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 15 40% 3) PLATTE COUNTY I) POPULATION 8,562 II) MEDIAN HOUSEHOLD INCOME \$41,051 I II) POPULATION BELOW POVERTY LEVEL 12 00 % IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 13 10% 4) WASHAKIE COUNTY I) POPULATION 8,064 II) MEDIAN HOUSEHOLD INCOME \$46,212 III) POPULATION BELOW POVERTY LEVEL 13 10% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 16 7 0% G BANNER AVERAGE 1) STATE I) POPULATION 9,609,585 II) MEDIAN HOUSEHOLD INCOME \$57,377 III) POPULATION BELOW POVERTY LEVEL 13 03% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 10 87% V) UNINSURED ESTIMATE OF TOTAL POPULATION 9 33% VI) UNINSURED ADULTS LIVING IN POVERTY 24 33% VII) UNINSURED NONELDERLY WITH INCOMES BELOW 100% OF FPL 19 33% VIII) UNINSURED - NONELDERLY INCOMES UP TO 200% OF FPL 17 00% IX) PERCENT OF POPULATION BELOW 400% OF FPL 60 00% 2) COUNTY I) POPULATION 408,837 II) MEDIAN HOUSEHOLD INCOME \$49,159 III) POPULATION BELOW POVERTY LEVEL 14 54% IV) PERSONS W/O HEALTH INSURANCE UNDER AGE 65 11 6 9% SOURCES 2017 U S CENSUS BUREAU, KAISER FAMILY FOUNDATION STATE FACTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>BH IS GOVERNED BY A COMMUNITY BOARD, DRAWN PRIMARILY FROM THE COMMUNITIES SERVED BY BH. THIS BOARD ESTABLISHES BH PRIORITIES AND ENSURES THAT IT OPERATES IN A MANNER THAT WILL FURTHER ITS CHARITABLE, NONPROFIT PURPOSE TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES. AS A NONPROFIT ENTITY, BH EXISTS TO PROVIDE HEALTH CARE SERVICES TO THE COMMUNITIES WE SERVE, NOT TO GENERATE PROFITS. TO THAT END, EVERY DOLLAR EARNED IS REINVESTED IN NEW EQUIPMENT, NEW OR EXPANDED PATIENT CARE SERVICES, NEW TECHNOLOGIES, MAINTAINING EXISTING EQUIPMENT AND FACILITIES AND NEW FACILITIES TO MEET MARKET NEEDS OR TO ENSURE THE LONG TERM SUCCESS OF THE ORGANIZATION. FOR EVERY \$1 RECEIVED IN PAYMENT FOR PROVIDING CARE TO PATIENTS, WE SPEND, ON AVERAGE \$.95 TO PAY OUR EXPENSES. THESE EXPENSES ARE ALLOCATED AS FOLLOWS: -SALARIES AND BENEFITS (49) -OPERATING EXPENSES SUCH AS UTILITIES, MAINTENANCE, REPAIRS AND INSURANCE (16) -SUPPLIES (16) -DEPRECIATION ON CAPITAL INVESTMENTS LIKE EQUIPMENT AND CONSTRUCTION (05) -INTEREST AND LEASE EXPENSE (04) -BAD DEBT EXPENSE FOR PATIENTS THAT CANT OR WONT PAY FOR THEIR CARE (05). IN PARTICULAR, BANNERS HEAVY REINVESTMENT IN CLINICAL SYSTEMS AND HEALTH INFORMATION TECHNOLOGY ENABLES BH TO PROVIDE A UNIFORMLY HIGH QUALITY OF CARE THROUGHOUT THE SYSTEM, INCLUDING BHS SMALL, RURAL, CRITICAL ACCESS HOSPITALS. PHYSICIANS AND STAFF PRACTICING IN THESE SOLE COMMUNITY PROVIDERS HAVE THE SAME ELECTRONIC HEALTH RECORD SYSTEMS AND COMPUTERIZED PHYSICIAN ORDER ENTRY AND DECISION SUPPORT TOOLS AS ARE UTILIZED IN BHS LARGEST TEACHING HOSPITAL. IN ADDITION, BY MEANS OF REMOTE MONITORING AND TELEMEDICINE TECHNOLOGIES, THESE SMALL RURAL HOSPITALS HAVE ACCESS TO THE CLINICAL AND OPERATIONAL SUPPORT OF THE ENTIRE SYSTEM, THEREBY BRINGING A LEVEL OF SOPHISTICATED HEALTH CARE TO THESE COMMUNITIES THAT WOULD NOT OTHERWISE BE POSSIBLE. EXCEPT IN LIMITED CIRCUMSTANCES WHERE NECESSARY TO ENSURE THE AVAILABILITY OF CONSISTENT AND EFFICIENT PHYSICIAN SERVICES, BH UTILIZES AN OPEN MEDICAL STAFF MODEL, THEREBY MAKING THE FACILITIES AVAILABLE TO LOCAL PHYSICIANS TO PROVIDE HIGH QUALITY HOSPITAL SERVICES TO OUR COMMUNITIES. IN ADDITION, BH IS AGGRESSIVELY PURSUING AN INTEGRATION STRATEGY INVOLVING NETWORKS OF EMPLOYED AND INDEPENDENT PHYSICIANS CAPABLE OF PROVIDING EFFICIENT, EVIDENCE-BASED AND HIGH QUALITY CLINICAL CARE WITHIN AN INTEGRATED SYSTEM COVERING THE FULL CONTINUUM OF CARE. THIS WILL ENABLE BH TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES WHILE LIMITING THE COSTS OF PROVIDING SUCH CARE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	AS REQUIRED BY LAW, BANNER FILES A COMMUNITY BENEFIT REPORT IN CALIFORNIA BANNER ALSO REPORTS IN THOSE STATES WITH VOLUNTARY HOSPITAL ASSOCIATION REPORTING REQUIREMENTS (COLORADO AND NEBRASKA)

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 45-0233470
Name: Banner Health

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? 28		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	BANNER UNIV MED CTR-PHX 1111 E MCDOWELL RD PHOENIX, AZ 85006 WWW.BANNERHEALTH.COM H0016	X	X		X			X			A
2	BANNER - U MEDICAL CENTER TUCSON 1501 N CAMPBELL AVE TUCSON, AZ 85724 WWW.BANNERHEALTH.COM H7035	X	X	X	X		X	X			B
3	BANNER DESERT MEDICAL CENTER 1400 S DOBSON ROAD MESA, AZ 85202 WWW.BANNERHEALTH.COM H0137	X	X	X				X			A
4	BANNER THUNDERBIRD MEDICAL CENTER 5555 W THUNDERBIRD ST GLENDALE, AZ 85304 WWW.BANNERHEALTH.COM H0092	X	X					X			A
5	NORTH COLORADO MEDICAL CENTER 1801 16TH STREET GREELEY, CO 80631 WWW.BANNERHEALTH.COM 10386	X	X		X			X			A

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? 28		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
6	BANNER BOSWELL MEDICAL CENTER 10401 W THUNDERBIRD ROAD SUN CITY, AZ 85351 WWW.BANNERHEALTH.COM H4436	X	X					X			A
7	BANNER DEL E WEBB MEDICAL CENTER 14502 WEST MEEKER BLVD SUN CITY WEST, AZ 85375 WWW.BANNERHEALTH.COM H4434	X	X					X			A
8	BANNER ESTRELLA MEDICAL CENTER 9201 W THOMAS ROAD PHOENIX, AZ 85037 WWW.BANNERHEALTH.COM H3690	X	X					X			A
9	BANNER BAYWOOD MEDICAL CENTER 6644 E BAYWOOD AVE MESA, AZ 85206 WWW.BANNERHEALTH.COM H0155	X	X					X			A
10	BANNER - U MEDICAL CENTER SOUTH 2800 E AJO WAY TUCSON, AZ 85713 WWW.BANNERHEALTH.COM H7034	X	X		X		X	X			B

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? 28		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
11	BANNER GATEWAY MEDICAL CENTER 1900 S RIGLEY ROAD GILBERT, AZ 85234 WWW.BANNERHEALTH.COM H4237	X	X					X			A
12	BANNER HEART HOSPITAL 6750 E BAYWOOD AVE MESA, AZ 85206 WWW.BANNERHEALTH.COM SH3034	X	X								A
13	MCKEE MEDICAL CENTER 2000 BOISE AVE LOVELAND, CO 80538 WWW.BANNERHEALTH.COM 10340	X	X								A
14	BANNER CASA GRANDE MEDICAL CENTER 1800 E FLORENCE BLVD CASA GRANDE, AZ 85122 WWW.BANNERHEALTH.COM H6592	X	X					X			C
15	BANNER IRONWOOD MEDICAL CENTER 37000 N GANTZEL ROAD SAN TAN VALLEY, AZ 85142 WWW.BANNERHEALTH.COM H4946	X	X					X			A

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 28											
Name, address, primary website address, and state license number											
16	STERLING REGIONAL MEDICAL CENTER 615 FAIRHURST STREET STERLING, CO 80751 WWW.BANNERHEALTH.COM 10140	X	X					X			A
17	BANNER PAYSON MEDICAL CENTER 807 S PONDEROSA ST PAYSON, AZ 85072 WWW.BANNERHEALTH.COM H7250	X	X					X			D
18	BANNER LASSEN MED CTR-CRITICAL ACCESS 1800 SPRING RIDGE DRIVE SUSANVILLE, CA 96130 WWW.BANNERHEALTH.COM 230000020	X	X			X		X			E
19	BANNER CHURCHILL COMMUNITY HOSPITAL 801 E WILLIAMS AVE FALLON, NV 89406 WWW.BANNERHEALTH.COM 638RUH-29	X	X					X			A
20	BANNER FORT COLLINS MEDICAL CENTER 4700 LADY MOON DRIVE FORT COLLINS, CO 80528 WWW.BANNERHEALTH.COM O1K608	X	X					X			F

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 28											
Name, address, primary website address, and state license number											
21	EAST MORGAN CNTY HOSP-CRITICAL ACCESS 2400 EDISON ST BRUSH, CO 80723 WWW.BANNERHEALTH.COM 25017J	X	X			X		X			A
22	BANNER BEHAVIORAL HEALTH HOSPITAL 7575 E EARLL DRIVE SCOTTSDALE, AZ 85251 WWW.BANNERHEALTH.COM SH0147	X									A
23	COMMUNITY HOSP-TORRINGTON-CRITICAL ACCESS 2000 CAMPBELL DRIVE TORRINGTON, WY 82240 WWW.BANNERHEALTH.COM 0713060	X	X			X		X			A
24	WASHAKIE MED CENTER-CRITICAL ACCESS 400 S 15TH STREET WORLAND, WY 82401 WWW.BANNERHEALTH.COM 10250	X	X			X		X			A
25	PAGE HOSPITAL - CRITICAL ACCESS 501 N NAVAJO PAGE, AZ 86406 WWW.BANNERHEALTH.COM H0086	X	X			X		X			A

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? 28		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
26	PLATTE COUNTY MEMORIAL HOSPITAL 201 14TH STREET WHEATLAND, WY 82201 WWW.BANNERHEALTH.COM 0713060	X	X			X		X			A
27	OGALLALA COMMUNITY HOSPITAL 2601 N SPRUCE STREET OGALLALA, NE 69153 WWW.BANNERHEALTH.COM 470001	X	X			X		X			A
28	BANNER GOLDFIELD MEDICAL CENTER 2050 W SOUTHERN AVE APACHE JUNCTION, AZ 85120 WWW.BANNERHEALTH.COM H5738	X	X					X			C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION A, LINES 1, 3-9, 11-13, 15-16, 19-27	A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP A. THE HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A ARE LISTED IN SCHEDULE H, PART V, SECTION A. SCHEDULE H, PART V, SECTION A, LINES 2 AND 10 BANNER UNIVERSITY MEDICAL CENTER TUCSON AND BANNER UNIVERSITY MEDICAL CENTER SOUTH, RESPECTIVELY, ARE LISTED SEPARATELY AS FACILITY REPORTING GROUP B BECAUSE THEY CONDUCTED THEIR CHNA IN PARTNERSHIP WITH PIMA COUNTY HEALTH DEPARTMENT, TUCSON MEDICAL CENTER, CARONDELET HEALTH NETWORK, EL RIO COMMUNITY HEALTH CENTER, NORTHWEST MEDICAL CENTER, THE PASCUA YAQUI TRIBE AND HEALTHY PIMA. SCHEDULE H, PART V, SECTION A, LINES 14 AND 28 BANNER CASA GRANDE MEDICAL CENTER AND BANNER GOLDFIELD MEDICAL CENTER ARE LISTED AS FACILITY REPORTING GROUP C, BECAUSE BOTH ENTITIES HAVE THE SAME REPORTING TIMELINE. SCHEDULE H, PART V, SECTION A, LINE 17 BANNER PAYSON MEDICAL CENTER HAS THE SAME TIMELINE AS BANNER CASA GRANDE MEDICAL CENTER AND BANNER GOLDFIELD MEDICAL CENTER. However, it is listed separately AS FACILITY REPORTING GROUP D because it conducted its own CHNA. As a result, Schedule H, Part V, Section B, Line 6 is answered differently than Reporting Group C. SCHEDULE H, PART V, SECTION A, LINE 18 BANNER LASSEN MEDICAL CENTER IS LISTED SEPARATELY AS FACILITY REPORTING GROUP E BECAUSE THE MEDICAL CENTER'S FPG FAMILY INCOME PERCENTAGE LIMIT FOR ELIGIBILITY FOR FREE CARE (350%) VARIES FROM ALL OTHER BANNER FACILITIES (200%). SCHEDULE H, PART V, SECTION A, LINE 20 Banner Fort Collins Medical Center is listed separately from Facility Reporting Group A because Schedule H, Part VI, Section B, Line 3i is answered differently. Banner Fort Collins conducted a CHNA for the first time in 2016 so there were no previously identified needs to evaluate.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3E	APPLIES TO ALL HOSPITAL FACILITIES The significant health needs of the community identified in each hospital facility's CHNA are presented as a prioritized description THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3J APPLIES TO ALL HOSPITAL FACILITIES THE CHNA REPORT INCLUDES IMPLEMENTATION STRATEGIES, TACTICS AND ANTICIPATED OUTCOMES, AS WELL AS THE NEEDS NOT BEING ADDRESSED

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5	<p>APPLIES TO ALL HOSPITAL FACILITIES THE FACILITY LEADERSHIP TEAMS, IN COLLABORATION WITH MEMBERS OF BANNER HEALTHS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STEERING COMMITTEE, CREATED A COMMUNITY ADVISORY COUNCIL (CAC) OF COMMUNITY LEADERS THAT REPRESENTED THE UNDERSERVED, UNINSURED AND MINORITY POPULATIONS CAC PARTICIPANTS WERE IDENTIFIED BASED ON THEIR ROLE IN THE PUBLIC HEALTH REALM OF THE HOSPITALS SURROUNDING COMMUNITY EMPHASIS WAS PLACED ON IDENTIFYING POPULATIONS WITHIN THE SERVICE AREA THAT ARE CONSIDERED MINORITY AND/OR UNDERSERVED INDIVIDUALS THAT REPRESENTED THESE POPULATIONS, INCLUDING THE UNINSURED, UNDERSERVED AND MINORITY POPULATIONS WERE INVITED TO PARTICIPATE IN A FOCUS GROUP TO REVIEW AND VALIDATE THE QUANTITATIVE DATA, PROVIDE ADDITIONAL HEALTH CONCERNS AND FEEDBACK AS TO THE UNDERLYING ISSUES AND POTENTIAL STRATEGIES FOR ADDRESSING SAID CONCERNS ADDITIONAL DIALOGUE OPPORTUNITIES (EMAIL, TELEPHONE CONVERSATIONS AND IN-PERSON MEETINGS) WERE PROVIDED FOR THOSE PERSONS WHO DESIRED TO PARTICIPATE BUT WERE UNABLE TO PERSONALLY ATTEND A FOCUS GROUP SESSION THOSE DISCUSSIONS INCLUDED FURTHER REVIEW OF THE DATA, EXISTING RESOURCES AND STRATEGIES FOR ADDRESSING THE SIGNIFICANT HEALTH CONCERNS GIVEN THE OVERLAP IN PRIMARY SERVICE AREAS IN SOME BANNER SERVICE AREAS, FOCUS GROUPS WERE COMBINED THE FOCUS GROUP PROVIDED INPUT AND INSIGHTS AND EACH CAC PARTICIPANT WAS VESTED IN THE OVERALL HEALTH OF THE COMMUNITY AND BROUGHT FORTH UNIQUE PERSPECTIVES WITH REGARDS TO THE POPULATIONS HEALTH NEEDS THE CAC PROVIDED BANNER HEALTH WITH THE OPPORTUNITY TO GATHER VALUABLE INPUT DIRECTLY FROM THE COMMUNITY THERE WAS ADDITIONAL DIALOGUE (VIA EMAIL, TELEPHONE CONVERSATIONS AND IN-PERSON MEETINGS) WITH LEADERS FROM THE RESPECTIVE COUNTY AND STATE PUBLIC HEALTH DEPARTMENTS (MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH, NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES, PLATTE COUNTY PUBLIC HEALTH DEPARTMENT, ETC) TO FURTHER REVIEW THE DATA, EXISTING RESOURCES AND STRATEGIES FOR ADDRESSING THE SIGNIFICANT HEALTH CONCERNS, INCLUDING OPPORTUNITIES FOR COLLABORATION WITH THOSE DEPARTMENTS AND OTHER GOVERNMENT AND NONPROFIT ORGANIZATIONS Participants in the CHNA process included members of Banner Healths leadership teams and strategic alignment team, public health experts, community representatives and consultants The CHNA process utilized a multi-faceted approach to data gathering which included 1 Data Analytics A collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, health providers, policy makers, and meetings with internal leadership were analyzed The process was reiterative as both the secondary and primary data were used to help inform each other The advantage of using this approach was validation of data via cross-verification from a multitude of sources This data along with prior collaborative efforts was used to initiate discussions among the various parties 2 C</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5	<p>ommunity Health Needs Assessment (CHNA) Steering Committee - This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering committee provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes and related measures.</p> <p>3 Community Advisory Council - Facility leadership teams in collaboration with members of Banner Health's CHNA Steering Committee, created a Community Advisory Council (CAC) of community leaders that represented the underserved, uninsured and minority populations. CAC participants were identified based on their role in the public health realm of the hospitals surrounding community. Emphasis was placed on identifying populations within the service area that are considered minority and/or underserved. Data analytics were also used to analyze access gaps and drive CAC participation. Once gaps in access to health services were identified within the community, the steering committee worked with facility leadership to identify those impacted by a lack of health and related services. Individuals that represented these populations, including the uninsured, underserved and minority populations were invited to participate in a focus group to review and validate the data, provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing. Each CAC participant was vested in the overall health of the community and brought forth a unique perspective with regards to the population's health needs. The CAC provided Banner Health with the opportunity to gather valuable input directly from the community.</p> <p>4 Community Interests - The broad interests of the community were incorporated through a series of focus groups held with members of minority and underserved populations. All primary data collection efforts were intended to obtain information on the most pressing community concerns, identification of community strengths and assets and areas of opportunity for health improvement strategies. Focus group participants were invited to validate the quantitative data, provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing said concerns. Additional dialogue opportunities (email, telephone conversations and in-person meetings) were provided for those persons who desired to participate but were unable to personally attend a focus group session. Given the overlap in primary service areas in some Banner's service areas, focus groups were combined.</p> <p>5 Public Health Agencies - Coordination with an involvement from respective county and state public health departments and agencies (Maricopa County Coordinated Health Needs Assessment (CCHNA) collaborative, the Maricopa County Health Improvement Partnership).</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5	p (HIPMC), Maricopa County Department of Public Health (MCDPH), Nevada Department of Health and Human Services, Platte County Public Health Department etc) to further review the data, existing resources and strategies for addressing the significant health concerns, including opportunities for collaboration with those departments and other government and non profit organizations Banner also participated in the Pima County Community Health Needs Assessment Advisory Committee which represents a county-wide partnership between the Pima County Health Department, Banner, other Pima County Healthcare systems, the Pascua Yaqui Tribe and Healthy Pima

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 6A & 6B	APPLIES TO ALL HOSPITAL FACILITIES As noted above, in instances where facilities had joint service areas, focus groups were a combined/joint effort Everything else was facility specific APPLIES TO FACILITY GROUP B IN 2016, BANNER UNIVERSITY MEDICAL CENTER - TUCSON AND BANNER UNIVERSITY MEDICAL CENTER - SOUTH PARTNERED WITH Pima County Health Department, Tucson Medical Center, Carondelet Health Network, El Rio Community Health Center, Northwest Medical Center, the Pascua Yaqui Tribe and Healthy Pima TO CONDUCT ITS CHNA APPLIES TO FACILITY GROUP C IN 2017, BANNER CASA GRANDE MEDICAL CENTER AND BANNER GOLDFIELD MEDICAL CENTER PARTNERED WITH SUN LIFE FAMILY HEALTH CENTER (A LOCAL FEDERALLY QUALIFIED HEALTH CENTER) AND PINAL COUNTY TO TO CONDUCT THEIR CHNA THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 7A APPLIES TO ALL HOSPITAL FACILITIES Each facility posted CHNA to facility website and made copies available upon demand COMMUNITY HEALTH NEEDS ASSESSMENTS ARE AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL HTTPS //WWW BANNERHEALTH COM/STAYING-WELL/COMMUNITY/HEALTH-NEEDS-ASSESSMEN TS-REPORTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 10A	APPLIES TO ALL HOSPITAL FACILITIES THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGIES CAN BE FOUND AT THE URL LISTED ON SCHEDULE H, PART V, SECTION B, LINE 7A

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	<p>APPLIES TO ALL HOSPITAL FACILITIES Banners mission is to make health care easier so that life can be better While we are guided by our purpose which includes answering Americas h ealth care challenges today and in the future, changing the health care landscape in our c ommunities big and small, taking access and delivery from complex to easy, from costly to affordable and from unpredictable to reliable, resources unfortunately and in some cases e xpertise to pursue all of the significant health needs identified through the CHNA are lim ited The process for prioritization included engagement with both internal stakeholders a nd CAC partners A review of current and past data, previous actions taken to improve the community and provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing the issues was conducted and once gaps in access t o health services were identified within the community, the steering committee worked with facility leadership to identify those impacted by a lack of health and related services The CHNA Steering Committee in concert with Banner Health leadership and various local age ncies developed a prioritization process and criteria for evaluating the significant healt h needs identified through the CHNA This group worked diligently to ensure that those str ategies and tactics addressed would be impactful, serve as a foundation for future efforts , and be in alignment with the organizations strengths, mission, vision and strategic plan The significant health needs identified through the CHNA were prioritized based on the b elow criteria, which took into account the quantitative data, focus group discussion with the CAC and Banners mission, vision and strategic plan Each significant health need was e valuated based on the criteria, using a ranking of low (1), medium (3), or high (5) for ea ch criterion, all criteria were equally weighted The criterion scores for each health nee d were compiled to determine the overall prioritization Criteria included - Data indicat es a clear need - Priority within the community - Clear disparities exist - Cost of not ad dressing is high - Desired outcome can be clearly defined - Measures can be identified - P ublic would welcome the effort - Banner has the ability to impact - Alignment with Banners mission, vision and strategic plan Also included in the prioritization process was a revi ew of resources potentially available to address identified needs including services and p rograms available through other hospitals, government agencies, and community based organi zations Resources include access to hospital emergency and acute care services, Federally Qualified Health Centers (FQHC), food banks, homeless shelters, school-based health clini cs, faith-based organizations, transportation services, health enrollment navigators, free or low cost medical and dental care, and prevention-based community education Facility p riorities and progress from th</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	<p> e last CHNA are as follows (1) BANNER UNIVERSITY MEDICAL CENTER PHOENIX (A) PRIORITIES 1 ACCESS TO CARE 2 MENTAL/BEHAVIORAL HEALTH 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) - Opened two OP clinic buildings providing specialty care - Hired 26 new providers CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Hosted monthly support groups BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults - Implemented Inpatient Consultation process for mental health services - On-boarded two new faculty Attendings (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we s </p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	aw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community Air quality was another topic of discussion, but we felt the need was better suited to be addressed by another community agency with more experience in tha t realm While we know improved air quality can have an impact on chronic diseases, we fel t comfortable potentially addressing any areas related to this in the ongoing improvement plans for chronic disease

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(2) BANNER UNIVERSITY MEDICAL CENTER TUSCON	(A) PRIORITIES 1 Anxiety and depression spectrum disorders (Mental and Behavioral Health) 2 Substance abuse and dependency (Mental and Behavioral Health) 3 Injuries, Accidents and Chronic Pain 4 Diabetes (B) Impact of Actions Taken Since Preceding CHNA This is the first Community Health Needs Assessment completed for Banner-university Medical Centers Tucson and South under Banner ownership and there were no previous actions measured or benchmarks to report against (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED 1 CARDIOVASCULAR DISEASE 2 CULTURALLY & LINGUISTICALLY APPROPRIATELY SERVICES 3 ORAL / DENTAL HEALTH 4 FINANCIAL HEALTH 5 HOME ENVIRONMENT AS TIED TO HEALTH OUTCOMES 6 ACCESS TO EARLY INTERVENTION 7 DEGENERATIVE DISEASES 8 DIRECT CARE WORKFORCE 9 HEALTH LITERACY 10 LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) HEALTH

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(3) BANNER DESERT/CARDON CHILDRENS	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consultations (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues We have come to realize the value of a community wide collective impact approach Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community Air quality was another topic of discussion, but we felt the need was better suited to be addressed by another community agency with more experience in that realm While we know improv</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(3) BANNER DESERT/CARDON CHILDRENS	ed air quality can have an impact on chronic diseases, we felt comfortable potentially add ressing any areas related to this in the ongoing improvement plans for chronic disease

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(4) BANNER THUNDERBIRD MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 Chronic Disease including Alcohol</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Added Electroconvulsive Therapy (ECT) - Offered Post-Partum Support Groups - Added 12 Inpatient Behavioral Health beds (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was better suited to</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(4) BANNER THUNDERBIRD MEDICAL CENTER	be addressed by another community agency with more experience in that realm While we know improved air quality can have an impact on chronic diseases, we felt comfortable potentially addressing any areas related to this in the ongoing improvement plans for chronic disease

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(5) NORTH COLORADO MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website CHRONIC DISEASE - Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials Mental Health - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes (C) SIGNIFICANT NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Dental - A lack of dental care was a concern to the group, but they felt that until access to care was addressed there was nothing significant that could be done to positively impact this issue Specialty Care - Increased specialty care was a topic that seemed to gain some traction There was productive discussion on potential affiliations with out of network physicians specifically related to neurology, orthopedics, GI and dermatology It was ultimately determined that the hospital facilities need to expand access to primary care physicians first, which is something already prioritized Homelessness - The cost and impact of homelessness in the Colorado area on healthcare resources was an interesting topic Though we have not had another facility bring this up, the group felt it was an increasing strain on the already stretched resources within the community There was discussion about the social services already available in the community and the group felt it was sufficient for the time being</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(6) BANNER BOSWELL MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) - Conducted several health expos concerning preventative breast cancer screenings and low dose lung CT screenings - Conducted several community lecture events that included heart health prevention (signs & symptoms), Stroke, Aphasia, Diabetes, and Alzheimers CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials - Comprehensive rehabilitation strategies for the geriatric patient TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Conducted several community lectures concerning "eating heart healthy" BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(6) BANNER BOSWELL MEDICAL CENTER	identified but not prioritized by Banner Health This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community Air quality was another topic of discussion , but we felt the need was better suited to be addressed by another community agency with more experience in that realm While we know improved air quality can have an impact on chronic diseases, we felt comfortable potentially addressing any areas related to this in the ongoing improvement plans for chronic disease

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(7) BANNER DEL E WEBB MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials - Provided monthly support groups for Stroke patients and families TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Added 22 adult behavioral beds - Services provided for abuse, depression and grief (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was better.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(7) BANNER DEL E WEBB MEDICAL CENTER	er suited to be addressed by another community agency with more experience in that realm While we know improved air quality can have an impact on chronic diseases, we felt comfort able potentially addressing any areas related to this in the ongoing improvement plans for chronic disease

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Form and Line Reference	Explanation
(8) BANNER ESTRELLA MEDICAL CENTER	(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 Chronic Disease including Alcohol (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Highlighted healthy cafeteria options BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was better suited to be addressed by another community agency.

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(8) BANNER ESTRELLA MEDICAL CENTER	y with more experience in that realm While we know improved air quality can have an impac t on chronic diseases, we felt comfortable potentially addressing any areas related to thi s in the ongoing improvement plans for chronic disease

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Form and Line Reference	Explanation
(9) BANNER BAYWOOD MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Highlighted healthy cafeteria options BEHAVIORAL HEALTH - Create a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was better suited to be addressed by another community agency with more experience.</p>

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
(10) BANNER UNIVERSITY MEDICAL CENTER Tucson and South	(A) PRIORITIES 1 Anxiety and depression spectrum disorders (Mental and Behavioral Health) 2 Substance abuse and dependency (Mental and Behavioral Health) 3 Injuries, Accidents and Chronic Pain 4 Diabetes (B) Impact of Actions Taken Since Preceding CHNA This is the first Community Health Needs Assessment completed for Banner-University Medical Centers Tucson and South under Banner ownership and there were no previous actions measured or benchmarks to report against (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED 1 CARDIOVASCULAR DISEASE 2 CULTURALLY & LINGUISTICALLY APPROPRIATELY SERVICES 3 ORAL / DENTAL HEALTH 4 FINANCIAL HEALTH 5 HOME ENVIRONMENT AS TIED TO HEALTH OUTCOMES 6 ACCESS TO EARLY INTERVENTION 7 DEGENERATIVE DISEASES 8 DIRECT CARE WORKFORCE 9 HEALTH LITERACY 10 LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) HEALTH

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(11) BANNER GATEWAY MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials - Added oncology message therapy TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus - Added a Tobacco Recovery Program OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Added "Nutrition Basics" program BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Offered Banner Psychological services in clinics (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was be</p>

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(11) BANNER GATEWAY MEDICAL CENTER	matter suited to be addressed by another community agency with more experience in that realm While we know improved air quality can have an impact on chronic diseases, we felt comfortable potentially addressing any areas related to this in the ongoing improvement plans for chronic disease

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Form and Line Reference	Explanation
(12) BANNER HEART HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consultations (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CCHNA report and common to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. Air quality was another topic of discussion, but we felt the need was better suited to be addressed by another community agency with more experience in that realm. While we know improv</p>

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Form and Line Reference	Explanation
(12) BANNER HEART HOSPITAL	ed air quality can have an impact on chronic diseases, we felt comfortable potentially add ressing any areas related to this in the ongoing improvement plans for chronic disease

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(13) BANNER MCKEE MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Dental - A lack of dental care was a concern to the group, but they felt that until access to care was addressed there was nothing significant that could be done to positively impact this issue Specialty Care - Increased specialty care was a topic that seemed to gain some traction There was productive discussion on potential affiliations with out of network physicians specifically related to neurology, orthopedics, GI and dermatology It was ultimately determined that the hospital facilities need to expand access to primary care physicians first, which is something already prioritized Homelessness - The cost and impact of homelessness in the Colorado area on healthcare resources was an interesting topic Though we have not had another facility bring this up, the group felt it was an increasing strain on the already stretched resources within the community There was discussion about the social services already available in the community and the group felt it was sufficient for the time being</p>

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Form and Line Reference	Explanation
(14) BANNER CASA GRANDE MEDICAL CENTER	(A) PRIORITIES 1 Physical Activity and Nutrition 2 Substance Abuse 3 Mental Health (B) NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the hospital felt could be prioritized at this time due to limited resources - Hypertension - Diabetes - Accident and Injury Prevention - Oral Health - Lack of Primary Care Providers - Lack of Specialists - Access to Affordable Care - Transportation - Access to Affordable Fresh Fruit & Vegetables

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Form and Line Reference	Explanation
(15) BANNER IRONWOOD MEDICAL CENTER	<p>(A) PRIORITIES 1 Behavioral Health/Substance Abuse 2 Access to Care 3 Chronic Disease (B) Impact of Actions Taken Since Preceding CHNA Access to Care - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) Chronic Disease - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials Tobacco/Smoking - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus Behavioral Health - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults Obesity/Nutrition - Sponsorships focused on wellness, healthy eating - Online resources, education, recipes (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Nutrition Nutrition is an issue mostly because services are not coordinated Apache Junction food bank, although appreciative of everything they receive, finds that donations are not necessarily the most nutritious Also, many of the homeless need food that does not need to be cooked This is something the food bank is taking ownership on Dental Care The ratio of patients per dental provider, according to the County Health Rankings & Roadmaps is 3,290 1 which is much higher than the National Benchmark of 1,340 1 The group felt there was adequate need for increased services and providers Senior Services There are very few services available for seniors which makes sense considering the predominately young population No skilled facility is located within 20 miles for the elderly At one time, fresh meals were delivered but that is no longer happening Queen Creek has a once a week senior program Many young families are struggling with taking care of aging parents and it was suggested that churches be looked at to see what type of care they are able to provide Without significant capital investments, the group felt they didnt have the expertise to address this need Teen Pregnancy Although teenaged pregnancy is decreasing, it is still an issue High schools need help to find support Pinal County is not that much higher than the U S benchmark, but it is significantly higher than the state of Arizona The high school does address this in health classes though alcohol abuse is taught to sixth graders but not pregnancy prevention</p>

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Form and Line Reference	Explanation
(16) STERLING REGIONAL MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website CHRONIC DISEASE - Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes (C) SIGNIFICANT NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time due to another organization already addressing the need or a lack of expertise and/or financial limitations Dental Care - There was concern about many dentists retiring and having difficulty being replaced Appointments to see a dentist can often be long and there is no after-hours care However, because a local agency, Salud, started offering dental care it has had a significant impact and there are now 4 dentists in town There will also be a new program called Virtual Dental where a hygienist will go to a patients home and send results back to the dentist Though it will take about a month to get an appointment, they will try to get patients in for emergencies that same day Women and Infant Services - Though there is currently a program called "Baby Bear Hugs," which guides pregnant, high -risk moms through the healthcare system, there are not enough providers to sustain the program The CAC discussed the need for more services for infants but it was ultimately realized that until access to care barriers were fixed, such as shortages of primary care and specialty physicians, there was little that could be done Sexually Transmitted Infections - With higher rates of sexually transmitted infections, the CAC was concerned about a lack of relevant education in the school system The public health department reported that they normally see higher rates of STIs in the beginning of the school year and during spring breaks They are currently working on plan so the CAC did not feel it needed to be prioritized</p>

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Form and Line Reference	Explanation
(17) BANNER PAYSON MEDICAL CENTER	(A) PRIORITIES 1 Behavioral Health, including mental health and substance abuse 2 Access to Care 3 Chronic Disease Management, with a focus on diabetes and heart disease (B) Impact of Actions Taken Since Preceding CHNA This is the first Community Health Needs Assessment completed for BANNER PAYSON MEDICAL CENTER and there were no previous actions measured C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED Obesity -The group was concerned about the lack of healthy eating education and wellness programs for the community While the data shows that Gila County is getting worse in this area, it is only slightly higher than the state and national benchmarks and the group also felt there could be simple solutions to improving access to this education and training Housing Issues -While the data shows a higher rate of severe housing problems than the national benchmark, it is still lower than the state and something the group did not feel needed to be addressed at this time as there were few realistic resources to leverage Adolescent population -While there was a significant concern about the younger population, especially surrounding teenage pregnancy and STI rates, the data did not support prioritizing that as one of the top unmet needs This is mostly due to the fact that the majority of the population is over the age of 65

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Form and Line Reference	Explanation
(18) BANNER LASSEN MEDICAL CENTER CRITICAL ACCESS	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participated in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Offered "Manicures, Massages and Mammograms" for community members BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Due to limited resources and staffing, there were many needs that came up but were ultimately left out of the priorities as the potential for impact was deemed insignificant or it was already being addressed elsewhere Suicide among Adults - Because Lassen is home to two correctional facilities, the high suicide/depression rate of correctional officers is very high The shortage of officers, exhaustion, turbulent work environment, and difficult population all play a role There were also high incidences of domestic violence and PTSD in this field The CAC did not feel they had the resources to address this need Senior Care - It was pointed out that Home Health and hospice are not something readily accessible in the community, and for the services that are offered, most are only accepting Medicare Although there are other Banner facilities that offer this service, Banner Lassen is not one of them and it was discussed that this is something not realistically changing in the near future without a capital investment The financial implications made this difficult to address Transportation - While transportation is tied to access to care, the focus group participants felt it was important enough to stand out on its own Due to the proximity of specialized care, many patients inside Susanville are not able to afford to take time off of work and drive to Reno, which is the closest area for care not found in Lassen County Aside from the financial burden this creates, many people are also not well enough to make the trip The almost 300 miles required to get to Reno is a difficult trek for ill patients Due to other services provided in the community, the group felt this was being adequately addressed</p>

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Form and Line Reference	Explanation
(19) BANNER CHURCHILL COMMUNITY HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Appointment scheduling/P romote "MyBanner" online portal - Offered educational materials and links via BannerHealth .com - Resources to insurance marketplace - Free community vaccination clinic - 3D mammogr aphy tomosynthesis - Direct access endoscopy - Wellness Wednesdays discounted lab services - Community CPR classes - Childbirth classes - Active recruitment of providers CHRONIC DI SEASE - Offered educational materials and links via BannerHealth .com - Physicians facilit ating events/media sources - Ladies Night Out - "Ask the Expert" - CME courses - Paramedic courtesy visits for high-risk patients - Pursuit of telemedicine capabilities - RN Case M anager Support BEHAVIORAL HEALTH - Created a webpage with information and resources relat ed to Mental Health and Substance Abuse Creation of on-call mental health team for ED - Ex panded telehealth for behavioral and mental health patients - Sought out partnerships with regional health facilities - Paramedic transfer of behavioral patients - CEO participatio n on Churchill County Board of Health - Promoted expansion of mental health services - Men tal health court partnerships TOBACCO/SMOKING - "Quitline Nevada" - 1-800-QUITNOW - Partn ership with Churchill County Coalition - Patient discharge instructions/information regard ing smoking cessation opportunities from RN OBESITY/NUTRITION - Sponsor/Support local act ivities - Local 5Ks - Fallon Youth Club bike ride - No Hill 100 - "Healthy Choices Health y You" coloring contest - Dietician nutritional consults - BCCH Activities Committee - BCC H walking path for employees/community - BCCH employee Biometrics health screenings - Caf/ vending healthy options - Banner Healthy Eating Goals Bannerhealth.com - Considerations f or diet and disease/tips/recipes (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZ ED Although there are many important needs in the community, the following are not somethi ng the CAC felt could be prioritized at this time Dental care - The ratio of patients pe r dental provider, according to the County Health Rankings & Roadmaps is 1,500 1 which is higher than the National Benchmark of 1,340 1 The group felt there was adequate need for increased services and providers, but that the current access to dental care was enough to get by Rehabilitation for drug/alcohol addiction - This was another important topic, bu t the group felt that addressing behavioral and mental health had to come first before thi s issue could be dealt with Also, they did not feel the resources existed as significant costs and infrastructure would be required Affordability of care - This was a high prior ity in our discussions In fact, this seemed to be the highest ranked issue among our focu s group However, when we dug deeper into the issues, it was realized that until there was proper and sufficient access</p>

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Form and Line Reference	Explanation
(19) BANNER CHURCHILL COMMUNITY HOSPITAL	to services, affording care was less of the problem This topic is something that can be a ddressed in the future once reasonable action for improving access to care surfaces

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(20) BANNER FORT COLLINS MEDICAL CENTER	(A) PRIORITIES 1 ACCESS TO CARE 2 Behavioral Health, including mental health and substance abuse 3 Chronic Disease Management, with a focus on diabetes and heart disease (B) Impact of Actions Taken Since Preceding CHNA This is the first Community Health Needs Assessment completed for Banner Ft Collins Medical Center and there were no previous actions measured (C) SIGNIFICANT NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Dental - A lack of dental care was a concern to the group, but they felt that until access to care was addressed there was nothing significant that could be done to positively impact this issue Specialty Care - Increased specialty care was a topic that seemed to gain some traction There was productive discussion on potential affiliations with out of network physicians specifically related to neurology, orthopedics, GI and dermatology It was ultimately determined that the hospital facilities need to expand access to primary care physicians first, which is something already prioritized Homelessness - The cost and impact of homelessness in the Colorado area on healthcare resources was an interesting topic Though we have not had another facility bring this up, the group felt it was an increasing strain on the already stretched resources within the community There was discussion about the social services already available in the community and the group felt it was sufficient for the time being

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(21) EAST MORGAN HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Extended clinic hours from 7am 8pm CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings, cooking demos, diabetes education and educational materials at Health Fairs MENTAL HEALTH - Create a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults - Participated in community forums for addressing resource needs TOBACCO/SMOKING - Created a webpage with information and resources related to mental health and substance abuse - Provider to provider telephone consults OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education and support - Highlighted healthy cafeteria options - Partnered with Kaiser on "Weigh and Win" with a total of 800 lbs lost by 600 participants (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Transportation - While there are Case management teams in the hospital, when they discharge a patient who doesnt have a vehicle or cant drive, they cant get to their follow up appointments and often end up back in the emergency department It was suggested that if a hospital could add transportation services, patient readmission numbers may decrease Another problem seen is that some people who come in by ambulance dont have a ride home This causes strains on resources Sometimes employees and police officers will take patients home but can only take them so far The group felt that a long-term strategy would be very difficult to accomplish without financial funding and discussed groups in town already addressing this area Sexually Transmitted Infections - With the advances in technology, there have been more sexually transmitted outbreaks Mobile dating apps that have an anonymous sex focus, could have an impact on increased STIs but its very hard to capture that data unless it is self-reported The health department thought that these cases had historically been controlled before the mainstream accessibility to "casual sex " Legalization of marijuana was seen as having an impact on this as well Colorado has the second highest rates in country for STIs but the Health Department discussed measures they were taking towards improving this statistic</p>

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Form and Line Reference	Explanation
(22) BANNER BEHAVIORAL HEALTH HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating BEHAVIORAL HEALTH - Create a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults - Partnered with Banner Psychiatric Center to deploy tele-health services to patients presenting in the Emergency Department with mental health and/or substance abuse issues (C) SIGNIFICANT HEALTH NEEDS NOT PRIORITIZED While Banner Health seeks to improve all health and address all needs of our community, it is not feasible or realistic to take an isolated approach to those issues. We have come to realize the value of a community wide collective impact approach. Though we cannot address all the issues identified in the CHNA report, we are being proactive by partnering with the Health Improvement Partnerships of Maricopa County to strategically address issues identified in our CHNA report and commit to other parts of the community. We will be looking at collective impact partnerships in which we agree upon common goals or agendas, agree upon measures, maintain excellent and continuous communications, utilize the continued backbone support of Maricopa County Department of Public Health, and be intentional and reinforcing with the activities and strategies we coordinate. While we will continue to offer programs and services within the hospital to specifically address the top issues found in our report, we will now seek to utilize the power of a community-wide approach to addressing the other issues found in our CHNA report. We are currently in talks with the HIPMC collaborative to design a strategic plan that will address, not only our health needs, but the health needs of all Maricopa County residents. Decreasing Alcohol and Tobacco use is one example of a need identified but not prioritized by Banner Health. This issue was addressed in the previous cycle and because we saw a positive impact in the number of users, we wanted to address one of the more pressing needs in our community. At</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
(22) BANNER BEHAVIORAL HEALTH HOSPITAL	r quality was another topic of discussion, but we felt the need was better suited to be ad dressed by another community agency with more experience in that realm While we know impr oved air quality can have an impact on chronic diseases, we felt comfortable potentially a ddressing any areas related to this in the ongoing improvement plans for chronic disease

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(23) COMMUNITY HOSPITAL - TORRINGTON	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Dental - Overall health is an indicator of over-all accountability for dental care Teaching the importance of good dental health doesnt seem to be important to a lot of people The habit needs to be taught to children early on but if the parents dont value dental health, then the kids learn to not value the habit as well Though there is already outreach happening in the community, the group would like to see more The five dental providers in the community try to provide education and outreach so the group felt that was sufficient for the time being Tobacco - Though this issue didnt seem to be as important as the last cycle, the CAC pointed out the increase in the use of smokeless tobacco and e-cigarettes There is currently a lot of support for people who want to quit, and while the hospital supports a smoke free campus, the CAC was pleased to see the rates of smoking decrease since the previous cycle of the CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(24) WASHAKIE MEDICAL CENTER	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials</p> <p>TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Senior Care - The group felt that enough was being done in the community by social services to address the needs of seniors, but they did want to explore better collaboration in engaging this group Fall prevention and education was discussed as a possible focus area to help prevent re-admissions Smoking/Tobacco Use - The data from County Health Rankings show an 11 percent decrease in smoking from 2013-2015 Though the CAC was happy with this rate, they were concerned about the potential that e-cigarettes could negatively impact the numbers as it becomes more and more popular Injury Deaths - Due to the farming and heavy machinery used in Washakie, the CAC was mildly concerned about the potential increase in this area It wasnt something they felt should be addressed at this time, but they wanted to make a note of it for the future</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(25) Page Hospital	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 Mental/Behavioral Health 3 CHRONIC DISEASE INCLUDING ALCOHOL (B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Offered and participate in free health activities (screenings, health fairs, blood drives) CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time Technology - Page is planning to update the broadband service, however internet, phone and wireless service is a significant problem With inconsistent access to phone service, patients and providers experiences more difficulty in scheduling and following up on care Senior care - The priorities above were so significant that a third priority was hard to choose from the other needs identified However, senior care did seem to be significant and will be addressed through Access to Care The community is encouraging Compass to open a nursing home There are also swing beds coming Currently there is no assisted living care and the closest nursing home is 130 miles away There is a lack of long term care and rehab facilities and many of the elderly in town move away because there is no local care available</p>

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Form and Line Reference	Explanation
(26) PLATTE COUNTY MEMORIAL HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website CHRONIC DISEASE - Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials MENTAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes (C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Access to Specialty Care - The CAC felt that until access to care in general was improved, tackling specialty care would be too challenging Working on preventative care and expanded education and outreach on maintaining ones health seemed sufficient for the time being Child Abuse/Elder Abuse - The CAC felt they were seeing higher rates of child and elder abuse in their community but werent sure that the resources were something we had to address it The members of the CAC that represented senior citizens said there was training available on how to spot signs of elder abuse but not a lot else Domestic Violence - Though there was much conversation about domestic violence, the CAC felt that a lot of it had to do with substance abuse and alcohol abuse and could be addressed in the mental and behavioral health arena</p>

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Form and Line Reference	Explanation
(27) OGALLALA COMMUNITY HOSPITAL	<p>(A) PRIORITIES 1 ACCESS TO CARE 2 BEHAVIORAL HEALTH/SUBSTANCE ABUSE 3 CHRONIC DISEASE</p> <p>(B) Impact of Actions Taken Since Preceding CHNA ACCESS TO CARE - Promoted participation in MyBanner (online patient portal) - Offered educational materials and links to community resources related to the insurance marketplace - Promoted internal and external community resources that support preventative and maintenance care via the facility website - Hired 2 new providers for the community</p> <p>CHRONIC DISEASE - Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness - Expanded Diabetic Education and Nutrition programs - Provided health screenings and educational materials</p> <p>BEHAVIORAL HEALTH - Created a webpage with information and resources related to Mental Health and Substance Abuse - Provider to provider telephone consults</p> <p>TOBACCO/SMOKING - Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows - Supported a Tobacco Free campus</p> <p>OBESITY/NUTRITION - Sponsorships focused on wellness, healthy eating - Online education, support and recipes</p> <p>(C) SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the CAC felt could be prioritized at this time</p> <p>Transportation - This is becoming more significant as people cant get a ride home from hospital if they are outside city limits They may also have appointments outside the county and cant get to them While there is a handi-bus outside the city limits which helps people to schedule appointments and shopping, it is not a long term solution as the schedule is limited Due to increasing support for the handi-bus, it was thought that services may be expanding and the need was going to be addressed</p> <p>Senior Services - An aging population affects the need for access to care, preventative care and mental health services If this was focused on in the future, it could possibly reduce medical costs later on Lack of long range planning and end of life directives are something that could be impacted by simple education and outreach Because services for this would require a capital investment, it was not something the CAC felt they could have an impact on and it</p> <p>Tobacco Use - Smokeless tobacco is becoming an issue as well as e-cigarettes Children drinking vapor liquid was mentioned as increasing the number of calls to poison control Because this is a newer trend, the group wanted to wait and see data in the next cycle of CHNA Also, the rates of smoking decreased since the previous CHNA and the group agreed it should not be prioritized</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
(28) BANNER GOLDFIELD MEDICAL CENTER	(A) PRIORITIES 1 Physical Activity and Nutrition 2 Substance Abuse 3 Mental Health (B) NEEDS IDENTIFIED BUT NOT PRIORITIZED Although there are many important needs in the community, the following are not something the hospital felt could be prioritized at this time due to limited resources - Hypertension - Diabetes - Accident and Injury Prevention - Oral Health - Lack of Primary Care Providers - Lack of Specialists - Access to Affordable Care - Transportation - Access to Affordable Fresh Fruit & Vegetab

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Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 16A-C	<p>APPLIES TO ALL HOSPITAL FACILITIES THE FAP, APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AT THE FOLLOWING URL FOR ALL HOSPITAL FACILITIES WWW.BANNERHEALTH.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 16j In addition to all actions noted, Banner offers FAP with each billing statement to the patient/guarantor THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 18 APPLIES TO ALL HOSPITAL FACILITIES Banner Health makes reasonable efforts to determine the patient's eligibility under the facility's FAP BEFORE taking any action - up to and including any noted THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 19 APPLIES TO ALL HOSPITAL FACILITIES BANNER HEALTH DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (UP TO AND INCLUDING ANY ACTIONS NOTED IN PART VI, LINE 19), EITHER DIRECTLY OR BY ANY DEBT COLLECTION AGENCY OR OTHER PARTY TO WHICH THE HOSPITAL HAS REFERRED THE PATIENTS DEBT, BEFORE REASONABLE EFFORTS ARE MADE TO DETERMINE WHETHER A RESPONSIBLE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THE FAP THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 22 APPLIES TO ALL HOSPITAL FACILITIES DURING THE TAX YEAR, FOR ALL UNINSURED PATIENTS WHO HAVE A HOUSEHOLD ANNUAL INCOME OF LESS THAN \$125,000, THE MAXIMUM AMOUNT CHARGED FOR INPATIENT SERVICES IS THE AMOUNTS GENERALLY BILLED (AGB) FOR THAT HOSPITAL HOSPITAL AGB IS THE SUM OF ALL CLAIMS FOR MEDICALLY NECESSARY SERVICES PROVIDED AT SUCH HOSPITAL PAID DURING THE RELEVANT PERIOD BY MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS AS PRIMARY PAYORS, TOGETHER WITH ANY ASSOCIATED PORTIONS OF THESE CLAIMS PAID BY MEDICARE BENEFICIARIES OR INSURED INDIVIDUALS IN THE FORM OF CO-PAYS, CO-INSURANCE OR DEDUCTIBLES, BY THE USUAL AND CUSTOMARY CHARGES FOR SUCH MEDICALLY NECESSARY SERVICES</p>

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? _____

Name and address	Type of Facility (describe)
1 SONORA QUEST LABORATORIES LLC 1255 W WASHINGTON ST TEMPE, AZ 85281	LABORATORY
1 BANNER BOSWELL MEDICAL CENTER 10601 WEST SANTA FE DR SUN CITY, AZ 85351	LONG TERM REHABILITATION CENTERS
2 SONORA QUEST LABORATORIES LLC 630 N ALVERNON WAY STE 200 TUCSON, AZ 85711	LABORATORY
3 BANNER HOME CARE 275 E GERMANN STE 110S GILBERT, AZ 85297	HOME HEALTH
4 BANNER - U MEDICINE CRISIS RESPONSE CTR 2802 E DISTRICT ST 1ST FLOOR TUCSON, AZ 85714	OUTPATIENT TREATMENT CENTERS/CLINICS
5 BANNER ALZHEIMER'S INSTITUTE 901 EAST WILLETTA STREET PHOENIX, AZ 85006	OUTPATIENT TREATMENT CENTERS/CLINICS
6 BANNER FAMILY PHARMACY 2946 E BANNER GATEWAY DR GILBERT, AZ 85234	RETAIL PHARMACY
7 BANNER RESEARCH INSTITUTE 10515 W SANTA FE DR SUN CITY, AZ 85351	RESEARCH FACILITY
8 BANNER DESERT SURGERY CENTER LP 1500 S DOBSON RD SUITE 101 MESA, AZ 85202	OUT-PATIENT SURGERY CENTERS
9 BANNER HOME CARE 275 E GERMANN STE 100 GILBERT, AZ 85297	HOME INFUSION THERAPY
10 BANNER HOSPICE 275 E GERMANN STE 110N GILBERT, AZ 85297	HOSPICE
11 SONORA QUEST LABORATORIES LLC 1515 E CEDAR BLVD BLDG F FLAGSTAFF, AZ 86004	LABORATORY
12 BANNER FAMILY PHARMACY 1111 E MCDOWELL ROAD PHOENIX, AZ 85006	RETAIL PHARMACY
13 BANNER FAMILY PHARMACY 1400 S DOBSON ROAD MESA, AZ 85202	RETAIL PHARMACY
14 SURGICENTERS OF AMERICA LP 1040 E MCDOWELL RD PHOENIX, AZ 85006	OUT-PATIENT SURGERY CENTERS

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? _____

Name and address	Type of Facility (describe)
16 BANNER HOSPICE 13950 W MEEKER BLVD STE 102 SUN CITY WEST, AZ 85375	HOSPICE
1 BANNER ESTRELLA SURGERY CENTER 9301 W THOMAS ROAD PHOENIX, AZ 85037	OUT-PATIENT SURGERY CENTERS
2 SKYLINE SURGERY CENTER 2555 E 13TH ST STE 200 LOVELAND, CO 80537	OUT-PATIENT SURGERY CENTERS
3 SONORA QUEST LABORATORIES LLC 14674 W MOUNTAIN VIEW BLVD SURPRISE, AZ 85374	LABORATORY
4 BANNER HOME CARE COLORADO 1810 N BOISE AVENUE LOVELAND, CO 80538	HOME HEALTH
5 MOUNTAIN VISTA SURGERY CENTER 5890 W 13TH STREET SUITE 102 GREELEY, CO 80634	OUT-PATIENT SURGERY CENTERS
6 BANNER HOME CARE COLORADO 5628 W 19TH ST STE 1 GREELEY, CO 80634	HOME HEALTH
7 BANNER FAMILY PHARMACY 5555 W THUNDERBIRD ROAD GLENDALE, AZ 85306	RETAIL PHARMACY
8 BANNER THUNDERBIRD BEHAVIORAL HEALTH CTR 5555 W THUNDERBIRD ROAD GLENDALE, AZ 85306	OUTPATIENT TREATMENT CENTERS/CLINICS
9 SUMMIT VIEW PHARMACY 2001 70TH AVE GREELEY, CO 80634	RETAIL PHARMACY
10 BANNER FAMILY PHARMACY 1501 N CAMPBELL AVENUE TUCSON, AZ 85724	RETAIL PHARMACY
11 BANNER FAMILY PHARMACY 9201 W THOMAS ROAD PHOENIX, AZ 85037	RETAIL PHARMACY
12 BANNER FAMILY PHARMACY 6644 E BAYWOOD AVE MESA, AZ 85206	RETAIL PHARMACY
13 BANNER MESA SURGERY CENTER LLC 1500 S DOBSON RD STE 101 MESA, AZ 85202	OUT-PATIENT SURGERY CENTERS
14 HORIZON LABORATORY LLC 2555 E 13TH ST STE 115 LOVELAND, CO 80537	LABORATORY

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? _____

Name and address	Type of Facility (describe)
31 SONORA QUEST LABORATORIES LLC 13657 W MCDOWELL RD STE 100 GOODYEAR, AZ 85338	LABORATORY
1 SONORA QUEST LABORATORIES LLC 6106 E BROWN ROAD STE 101 MESA, AZ 85206	LABORATORY
2 BANNER BEHAVIORAL HLTH OUTPATIENT CLINIC 1600 W CHANDLER BLVD SUITE 180 CHANDLER, AZ 85225	OUTPATIENT TREATMENT CENTERS/CLINICS
3 BANNER HOSPICE HOUSE - SUN CITY WEST 14505 W GRANITE VALLEY DR SUN CITY WEST, AZ 85375	HOSPICE
4 BANNER HOME CARE PAYSON 708 E STATE HWY 260 SUITE A1 PAYSON, AZ 85541	HOME HEALTH
5 SONORA QUEST LABORATORIES LLC 3483 MERCY RD BLDG 4 STE 104 GILBERT, AZ 85297	LABORATORY
6 SONORA QUEST LABORATORIES LLC 16515 S 40TH ST BLDG 3 STE 113 PHOENIX, AZ 85048	LABORATORY
7 SONORA QUEST LABORATORIES LLC 2000 E SOUTHERN AVE STE 101 TEMPE, AZ 85282	LABORATORY
8 SONORA QUEST LABORATORIES LLC 3003 HWY 95 STE H-81 BULLHEAD, AZ 86442	LABORATORY
9 SONORA QUEST LABORATORIES LLC 5605 W EUGIE AVE STE 104 GLENDALE, AZ 85306	LABORATORY
10 CARING CONNECTIONS PALLIATIVE CARE 275 EAST GERMANN ROAD SUITE 110W GILBERT, AZ 85297	HOME HEALTH
11 BANNER FAMILY PHARMACY 1900 N HIGLEY ROAD GILBERT, AZ 85234	RETAIL PHARMACY
12 SONORA QUEST LABORATORIES LLC 1450 S DOBSON RD STE A-104 MESA, AZ 85202	LABORATORY
13 SONORA QUEST LABORATORIES LLC 2081 W FRYE RD STE 107 CHANDLER, AZ 85224	LABORATORY
14 SONORA QUEST LABORATORIES LLC 130 S 63RD ST STE 107 MESA, AZ 85206	LABORATORY

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? _____

Name and address	Type of Facility (describe)
46 SONORA QUEST LABORATORIES LLC 3805 E BELL RD STE 1500 PHOENIX, AZ 85032	LABORATORY
1 SONORA QUEST LABORATORIES LLC 10503 W THUNDERBIRD BLVD STE 110 SUN CITY, AZ 85351	LABORATORY
2 SONORA QUEST LABORATORIES LLC 6707 N 19TH AVE STE 105 PHOENIX, AZ 85015	LABORATORY
3 SONORA QUEST LABORATORIES LLC 603 N WILMOT STE 141 TUCSON, AZ 85710	LABORATORY
4 WINDSOR COMMUNITY PHARMACY 1300 MAIN STREET WINDSOR, CO 80550	RETAIL PHARMACY
5 HORIZON LABORATORY LLC 2001 70TH AVE GREELEY, CO 80634	LABORATORY
6 SONORA QUEST LABORATORIES LLC 1300 N 12TH ST STE 503 PHOENIX, AZ 85006	LABORATORY
7 SONORA QUEST LABORATORIES LLC 14420 W MEEKER RD STE A109 SUN CITY WEST, AZ 85375	LABORATORY
8 SONORA QUEST LABORATORIES LLC 15317 W BELL RD BLDG C STE 10 SURPRISE, AZ 85374	LABORATORY
9 SONORA QUEST LABORATORIES LLC 9305 W THOMAS RD STE 300 PHOENIX, AZ 85037	LABORATORY
10 SONORA QUEST LABORATORIES LLC 9445 E IRONWOOD SQUARE DR SUITE SCOTTSDALE, AZ 85258	LABORATORY
11 BANNER FAMILY PHARMACY 14502 WEST MEEKER BOULEVARD SUN CITY WEST, AZ 85375	RETAIL PHARMACY
12 SONORA QUEST LABORATORIES LLC 2940 E BANNER GATEWAY DR STE 325 GILBERT, AZ 85234	LABORATORY
13 BANNER FAMILY PHARMACY 2800 E AJO WAY TUCSON, AZ 85713	RETAIL PHARMACY
14 BANNER PHOENIX SURGERY CENTER LLC 1040 E MCDOWELL RD PHOENIX, AZ 85006	OUT-PATIENT SURGERY CENTERS

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? _____

Name and address	Type of Facility (describe)
61 SONORA QUEST LABORATORIES LLC 10238 E HAMPTON AVE STE 101 MESA, AZ 85208	LABORATORY
1 THE CLEO ROBERTS CENTER 10515 WEST SANTA FE DR 1ST FLR SUN CITY, AZ 85351	OUTPATIENT TREATMENT CENTERS/CLINICS
2 BANNER HOME CARE COLORADO 1990 59TH AVE STE 200 GREELEY, CO 80634	HOME INFUSION THERAPY
3 SONORA QUEST LABORATORIES LLC 37100 N GANTZEL RD STE 114 QUEEN CREEK, AZ 85240	LABORATORY
4 SONORA QUEST LABORATORIES LLC 7388 N LA CHOLLA TUCSON, AZ 85704	LABORATORY
5 BANNER UNION HILLS SURGERY CENTER LLC 18301 N 79TH AVE STE E150 GLENDALE, AZ 85308	OUT-PATIENT SURGERY CENTERS
6 SONORA QUEST LABORATORIES LLC 7281 E EARLL DR STE 2 SCOTTSDALE, AZ 85251	LABORATORY
7 BANNER BEHAVIORAL HLTH OUTPATIENT CLINIC 8722 E SAN ALBERTO DRIVE STE 100 SCOTTSDALE, AZ 85258	OUTPATIENT TREATMENT CENTERS/CLINICS
8 SONORA QUEST LABORATORIES LLC 1432 S DOBSON RD STE202 MESA, AZ 85202	LABORATORY
9 SONORA QUEST LABORATORIES LLC 13460 N 94TH DR STE K5 PEORIA, AZ 85381	LABORATORY
10 SONORA QUEST LABORATORIES LLC 10450 E RIGGS ROAD STE 109 SUN LAKES, AZ 85248	LABORATORY
11 SONORA QUEST LABORATORIES LLC 2080 W SOUTHERN AVE STE B-6 APACHE JUNCTION, AZ 85220	LABORATORY
12 LOVELAND ENDOSCOPY CENTER LLC 2555 E 13TH ST STE 210 LOVELAND, CO 80537	OUTPATIENT TREATMENT CENTERS/CLINICS
13 SONORA QUEST LABORATORIES LLC 3201 W PEORIA AVE STE A202 PHOENIX, AZ 85029	LABORATORY
14 SONORA QUEST LABORATORIES LLC 1425 S GREENFIELD ROAD SUITE 102 MESA, AZ 85206	LABORATORY

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? _____

Name and address	Type of Facility (describe)
76 SONORA QUEST LABORATORIES LLC 2095 W PECOS RD STE 5 CHANDLER, AZ 85224	LABORATORY
1 SONORA QUEST LABORATORIES LLC 6565 E CARONDELET STE 255A TUCSON, AZ 85007	LABORATORY
2 SONORA QUEST LABORATORIES LLC 1915 MCCULLOCH BLVD N STE 106 LAKE HAVASU CITY, AZ 86403	LABORATORY
3 SONORA QUEST LABORATORIES LLC 2330 N 75TH AVE 110 PHOENIX, AZ 85035	LABORATORY
4 SONORA QUEST LABORATORIES LLC 6320 W UNION HILLS DR STE 160 GLENDALE, AZ 85308	LABORATORY
5 SONORA QUEST LABORATORIES LLC 980 WILLOW CREEK RD PRESCOTT, AZ 86305	LABORATORY
6 HORIZON LABORATORY LLC 1230 14TH STREET SW LOVELAND, CO 80537	LABORATORY
7 SONORA QUEST LABORATORIES LLC 11209 N TATUM BLVD STE 1 PHOENIX, AZ 85028	LABORATORY
8 SONORA QUEST LABORATORIES LLC 2640 W BASELINE ROAD STE 115 PHOENIX, AZ 85041	LABORATORY
9 SONORA QUEST LABORATORIES LLC 5757 W THUNDERBIRD RD STE E454 GLENDALE, AZ 85306	LABORATORY
10 SONORA QUEST LABORATORIES LLC 7757 W DEER VALLEY ROAD STE 265 PEORIA, AZ 85382	LABORATORY
11 SONORA QUEST LABORATORIES LLC 1848 E INNOVATION PARK ORO VALLEY, AZ 85737	LABORATORY
12 SONORA QUEST LABORATORIES LLC 21803 N SCOTTSDALE RD STE A-210 SCOTTSDALE, AZ 85255	LABORATORY
13 SONORA QUEST LABORATORIES LLC 1860 E SALK DR STE A-1 CASA GRANDE, AZ 85222	LABORATORY
14 SONORA QUEST LABORATORIES LLC 1151 S LA CANADA DR STE 206 GREEN VALLEY, AZ 85614	LABORATORY

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? _____

Name and address	Type of Facility (describe)
91 SONORA QUEST LABORATORIES LLC 4350 N 19TH AVE STE 105 PHOENIX, AZ 85015	LABORATORY
1 SONORA QUEST LABORATORIES LLC 3624 W ANTHEM WY STE C114 ANTHEM, AZ 85086	LABORATORY
2 SONORA QUEST LABORATORIES LLC 20414 N 27TH AVE STE 140 PHOENIX, AZ 85027	LABORATORY
3 SONORA QUEST LABORATORIES LLC 4524 N MARYVALE PARKWAY STE 120 PHOENIX, AZ 85031	LABORATORY
4 BANNER HEALTH CLINIC 1345 PAUL BUNYON ROAD SUITE A SUSANVILLE, CA 96130	OUTPATIENT TREATMENT CENTERS/CLINICS
5 HORIZON LABORATORY LLC 2923 GINNALA DRIVE LOVELAND, CO 80538	LABORATORY
6 SONORA QUEST LABORATORIES LLC 10900 N SCOTTSDALE RD STE 204 SCOTTSDALE, AZ 85254	LABORATORY
7 SONORA QUEST LABORATORIES LLC 1030 N SAN FRANCISCO ST STE 110 FLAGSTAFF, AZ 86001	LABORATORY
8 SONORA QUEST LABORATORIES LLC 1773 W ST MARYS RD STE 101 TUCSON, AZ 85745	LABORATORY
9 SONORA QUEST LABORATORIES LLC 3161 N WINDSONG PRESCOTT VALLEY, AZ 86314	LABORATORY
10 SONORA QUEST LABORATORIES LLC 1150 S HIGHWAY 92 STE E SIERRA VISTA, AZ 85635	LABORATORY
11 SONORA QUEST LABORATORIES LLC 1440 W VALENCIA STE 130 TUCSON, AZ 85746	LABORATORY
12 SONORA QUEST LABORATORIES LLC 6130 N LA CHOLLA STE B205 TUCSON, AZ 85704	LABORATORY
13 SONORA QUEST LABORATORIES LLC 117 E MAIN ST BUILDING C STE 20 PAYSON, AZ 85541	LABORATORY
14 HORIZON LABORATORY LLC 702 W DRAKE ROAD BUILDING A FORT COLLINS, CO 80526	LABORATORY

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? _____

Name and address	Type of Facility (describe)
106 SONORA QUEST LABORATORIES LLC 20950 N TATUM BLVD STE 290 PHOENIX, AZ 85050	LABORATORY
1 HORIZON LABORATORY LLC 4700 LADY MOON DRIVE FORT COLLINS, CO 80528	LABORATORY
2 SONORA QUEST LABORATORIES LLC 2270 S RIDGEVIEW DRIVE STE 306 YUMA, AZ 85364	LABORATORY
3 SONORA QUEST LABORATORIES LLC 21300 N JOHN WAYNE PKWY STE 116 MARICOPA, AZ 85239	LABORATORY
4 HORIZON LABORATORY LLC 1600 23RD AVENUE GREELEY, CO 80631	LABORATORY
5 HORIZON LABORATORY LLC 1300 MAIN STREET WINDSOR, CO 80550	LABORATORY
6 BANNER - U MEDICINE BEHAVIORAL HLTH CL 1300 N 12 STREET STE 320 PHOENIX, AZ 85006	OUTPATIENT TREATMENT CENTERS/CLINICS
7 SONORA QUEST LABORATORIES LLC 13620 N SAGUARO BLVD STE 150 FOUNTAIN HILLS, AZ 85268	LABORATORY
8 BANNER HOME CARE ARIZONA 575 E RIVER RD STE 213 TUCSON, AZ 85704	HOME HEALTH
9 SONORA QUEST LABORATORIES LLC 2450 E SHOW LOW LAKE RD STE 3B SHOW LOW, AZ 85901	LABORATORY
10 SONORA QUEST LABORATORIES LLC 5310 W THUNDERBIRD ROAD SUITE E454 GLENDALE, AZ 85306	LABORATORY
11 SONORA QUEST LABORATORIES LLC 1275 W WASHINGTON ST SUITE 109 TEMPE, AZ 85281	LABORATORY
12 BANNER FAMILY PHARMACY 13640 N PLAZA DEL RIO PEORIA, AZ 85381	RETAIL PHARMACY
13 SONORA QUEST LABORATORIES LLC 1740 BEVERLY AVE STE B KINGMAN, AZ 86401	LABORATORY
14 SONORA QUEST LABORATORIES LLC 203 S CANDY LANE STE 4B COTTONWOOD, AZ 86326	LABORATORY

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? _____

Name and address	Type of Facility (describe)
121 SONORA QUEST LABORATORIES LLC 880 W 4TH STREET STE 3 BENSON, AZ 85602	LABORATORY
1 BANNER URGENT CARE 6323 SOUTH RURAL ROAD TEMPE, AZ 85283	URGENT CARE
2 BANNER URGENT CARE 3200 SOUTH GILBERT ROAD CHANDLER, AZ 85286	URGENT CARE
3 BANNER FAMILY PHARMACY 1800 E FLORENCE BLVD CASA GRANDE, AZ 85122	RETAIL PHARMACY
4 SONORA QUEST LABORATORIES LLC 448 N STATE ROUTE 89 CHINO VALLEY, AZ 86323	LABORATORY
5 BANNER URGENT CARE 4232 WEST BELL ROAD GLENDALE, AZ 85308	URGENT CARE
6 BANNER URGENT CARE 3247 EAST BELL ROAD PHOENIX, AZ 85032	URGENT CARE
7 BANNER URGENT CARE 1157 SOUTH CRISMON ROAD MESA, AZ 85208	URGENT CARE
8 BANNER URGENT CARE 1120 SOUTH GILBERT ROAD MESA, AZ 85204	URGENT CARE
9 BANNER URGENT CARE 40773 NORTH IRONWOOD ROAD SAN TAN VALLEY, AZ 85140	URGENT CARE
10 BANNER URGENT CARE 35945 NORTH GARY ROAD SAN TAN VALLEY, AZ 85143	URGENT CARE
11 BANNER URGENT CARE 6702 WEST BETHANY HOME ROAD GLENDALE, AZ 85303	URGENT CARE
12 BANNER URGENT CARE 7952 NORTH 43RD AVENUE GLENDALE, AZ 85308	URGENT CARE
13 BANNER URGENT CARE 1215 SOUTH HIGLEY ROAD MESA, AZ 85206	URGENT CARE
14 BANNER URGENT CARE 641 WEST WARNER ROAD GILBERT, AZ 85233	URGENT CARE

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? _____

Name and address	Type of Facility (describe)
136 BANNER URGENT CARE 3160 EAST QUEEN CREEK ROAD GILBERT, AZ 85297	URGENT CARE
1 BANNER URGENT CARE 7611 WEST CACTUS ROAD PEORIA, AZ 85381	URGENT CARE
2 BANNER URGENT CARE 7066 EAST GOLF LINKS ROAD TUCSON, AZ 85730	URGENT CARE
3 BANNER PEORIA SURGERY CENTER LLC 13640 N PLAZA DEL RIO BLVD STE 135 PEORIA, AZ 85381	OUT-PATIENT SURGERY CENTERS
4 BANNER URGENT CARE 3328 NORTH LITCHFIELD ROAD GOODYEAR, AZ 85395	URGENT CARE
5 BANNER URGENT CARE 3141 SOUTH MCCLINTOCK DRIVE TEMPE, AZ 85282	URGENT CARE
6 BANNER URGENT CARE 6501 EAST GREENWAY PARKWAY SCOTTSDALE, AZ 85254	URGENT CARE
7 HORIZON LABORATORY LLC 102 HAYES AVENUE STERLING, CO 80751	LABORATORY
8 BANNER URGENT CARE 3611 NORTH CAMPBELL AVENUE TUCSON, AZ 85719	URGENT CARE
9 BANNER URGENT CARE 21980 NORTH 83RD AVE PEORIA, AZ 85383	URGENT CARE
10 BANNER URGENT CARE 1955 WEST GUADALUPE ROAD MESA, AZ 85202	URGENT CARE
11 BANNER URGENT CARE 3126 SOUTH HIGLEY ROAD GILBERT, AZ 85295	URGENT CARE
12 BANNER FAMILY PHARMACY 2555 E 13TH STREET SUITE 125 LOVELAND, CO 80537	RETAIL PHARMACY
13 BANNER SUN CITY WEST SURGERY CENTER LLC 14416 W MEEKER BLVD STE 103 SUN CITY WEST, AZ 85375	OUT-PATIENT SURGERY CENTERS
14 BANNER URGENT CARE 1641 EAST GUADALUPE ROAD GILBERT, AZ 85234	URGENT CARE

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? _____

Name and address	Type of Facility (describe)
151 HORIZON LABORATORY LLC 909 E RAILROAD AVE FORT MORGAN, CO 80701	LABORATORY
1 BANNER URGENT CARE 2950 SOUTH ALMA SCHOOL CHANDLER, AZ 85286	URGENT CARE
2 BANNER URGENT CARE 407 NORTH LINDSAY ROAD MESA, AZ 85213	URGENT CARE
3 BANNER URGENT CARE 5545 EAST BROADWAY BOULEVARD TUCSON, AZ 85711	URGENT CARE
4 BANNER OCCUPATION HEALTH CLINIC 1979 WEST RAY ROAD CHANDLER, AZ 85224	URGENT CARE
5 BANNER HEALTH SCHOOL BASED HEALTH CENTER 9401 WEST GARFIELD STREET TOLLESON, AZ 85353	BANNER SCHOOL BASED CLINICS
6 BANNER HEALTH SCHOOL BASED HEALTH CENTER 855 W 8TH AVE MESA, AZ 85210	BANNER SCHOOL BASED CLINICS
7 BANNER HEALTH SCHOOL BASED HEALTH CENTER 777 EAST GALVESTON CHANDLER, AZ 85225	BANNER SCHOOL BASED CLINICS
8 BANNER URGENT CARE 10330 NORTH SCOTTSDALE ROAD PARADISE VALLEY, AZ 85253	URGENT CARE
9 BANNER URGENT CARE 3000 NORTH ARIZONA AVENUE CHANDLER, AZ 85225	URGENT CARE
10 BANNER URGENT CARE 1355 SOUTH HIGLEY ROAD GILBERT, AZ 85296	URGENT CARE
11 BANNER URGENT CARE 931 EAST ELLIOT ROAD TEMPE, AZ 85284	URGENT CARE
12 SONORA QUEST LABORATORIES LLC 210 SUNSET DRIVE STE C SEDONA, AZ 86336	LABORATORY
13 BANNER URGENT CARE 1101 NORTH WILMOT ROAD TUCSON, AZ 85712	URGENT CARE
14 SONORA QUEST LABORATORIES LLC 13640 N PLAZA DEL RIO PEORIA, AZ 85381	LABORATORY

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? _____

Name and address	Type of Facility (describe)
166 BANNER FAMILY PHARMACY 1441 N 12TH STREET PHOENIX, AZ 85006	RETAIL PHARMACY
1 ATRIUM APOTHECARYNCMC PHARMACY 1801 16TH STREET GREELEY, CO 80361	RETAIL PHARMACY
2 BANNER URGENT CARE 15521 W BELL ROAD SURPRISE, AZ 85374	URGENT CARE
3 BANNER QUICK CARE LLC 926 EAST BROADWAY ROAD TEMPE, AZ 85282	URGENT CARE
4 BANNER QUICK CARE LLC 4970 SOUTH ALMA SCHOOL ROAD CHANDLER, AZ 85248	URGENT CARE
5 BANNER QUICK CARE LLC 1940 EAST BROADWAY BLVD TUCSON, AZ 85719	URGENT CARE
6 SONORA QUEST LABORATORIES LLC 32551 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85262	LABORATORY
7 SONORA QUEST LABORATORIES LLC 3132 E CAMELBACK ROAD PHOENIX, AZ 85016	LABORATORY
8 SONORA QUEST LABORATORIES LLC 14416 W MEEKER BLVD BUILDING C SUN CITY WEST, AZ 85375	LABORATORY
9 BANNER QUICK CARE LLC 4425 EAST IRMA LANE PHOENIX, AZ 85050	URGENT CARE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Banner Health

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
45-0233470

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

25

3

Enter total number of other organizations listed in the line 1 table

3

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PATIENT FINANCIAL ASSISTANCE	3328	139,767			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PART I, LINE 2	THE OFFICE OF GRANT STRATEGY DEVELOPMENT AND ADMINISTRATION MANAGES ALL RESEARCH AND FEDERALLY FUNDED GRANTS FOR BANNER HEALTH (BH) ALL AWARDS ARE MANAGED IN ACCORDANCE WITH THE FEDERAL OMB A-133 COMPLIANCE SUPPLEMENT BH ALSO MAINTAINS RECORDS AND SCHEDULES OF ALL FEDERAL AND NON-FEDERAL AWARDS AND THEIR EXPENDITURES, AND WE DO MONITOR OUR SUB-RECIPIENTS FOR THEIR COMPLIANCE AS WELL BH'S GUIDELINES REGARDING CHARITABLE CONTRIBUTIONS TO OUTSIDE ORGANIZATIONS DIRECT US TO MAKE CONTRIBUTIONS TO OTHER ORGANIZATIONS WHOSE CHARITABLE MISSIONS ALIGN WITH BH'S MISSION OF "MAKING HEALTH CARE EASIER, SO LIFE CAN BE BETTER" IN SELECTED CIRCUMSTANCES WHEN A CONTRIBUTION IS NOT DIRECTLY LINKED TO PATIENT CARE, IT SERVES TO BETTER SUPPORT OUR COMMUNITY'S NEEDS

Additional Data

Software ID:
Software Version:
EIN: 45-0233470
Name: Banner Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2929 E THOMAS ROAD PHOENIX, AZ 85016	84-1316555	501(c)(3)	196,820				GENERAL SUPPORT
AMERICAN LIVER FOUNDATION 4545 E SHEA BLVD SUITE 164 PHOENIX, AZ 85028	36-2883000	501(c)(3)	24,300				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVENUE SUITE 160 PHOENIX, AZ 85012	94-2545356	501(c)(3)	10,000				GENERAL SUPPORT
CITY OF SURPRISE COMMUNITY & RECREATION Svc 15960 N BULLARD AVE SURPRISE, AZ 85374	86-6007796	GOVT	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DEVELOPMENT AUTHORITY 802 9TH ST STE 100 GREELEY, CO 80631	86-6000593	GOVT	10,000				GENERAL DONATION
EAST VALLEY PARTNERSHIP 535 W BASELINE RD STE 107 MESA, AZ 85210	86-0500306	501(c)(6)	7,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION OF ARIZONA 350 W THOMAS RD PHOENIX, AZ 85013	86-6080639	501(c)(3)	7,500				GENERAL DONATION
FORT COLLINS AREA CHAMBER OF COMMERCE 225 S MELDRUM ST FORT COLLINS, CO 80522	84-0201983	501(c)(6)	10,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF HORSESHOE PARK PO BOX 1062 QUEEN CREEK, AZ 85140	27-2482871	501(c)(3)	10,000				GENERAL DONATION
GREATER PHOENIX ECONOMIC COUNCIL 2 N CENTRAL AVENUE SUITE 2500 PHOENIX, AZ 85004	86-0539979	501(c)(3)	25,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREELEY PHILHARMONIC ORCHESTRA PO BOX 1535 GREELEY, CO 80632	84-6031376	501(c)(3)	10,000				GENERAL DONATION
LEGACY CONNECTION 2999 N 44TH ST STE 530 PHOENIX, AZ 85018	90-0036015	501(C)(3)	9,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 3877 N 7TH STREET SUITE 300 PHOENIX, AZ 85014	13-5644916	501(c)(3)	15,000				GENERAL DONATION
MAKE A WISH FOUNDATION OF ARIZONA 2901 N 78TH ST SCOTTSDALE, AZ 85251	86-0409636	501(c)(3)	7,500				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1616 E INDIAN SCHOOL ROAD SUITE 200 PHOENIX, AZ 85016	13-1846366	501(c)(3)	10,500				GENERAL DONATION
MARICOPA COUNTY OFFICE OF MEDICAL EXAMINER 701 W JEFFERSON ST PHOENIX, AZ 85007	86-6000472	GOVT	100,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCKEE FOUNDATION 1805 E 18TH STREET LOVELAND, CO 80539	74-2182919	501(c)(3)	40,000				GENERAL DONATION
MESA CHAMBER OF COMMERCE BUSINESS IN ED FDN 165 N CENTENNIAL WAY SUITE 208 MESA, AZ 85201	26-3835674	501(c)(3)	9,500				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHA FOUNDATION 308 E AERO DRIVE PAYSON, AZ 85541	47-3980933	501(c)(3)	12,000				GENERAL DONATION
NORTH COLORADO MEDICAL CENTER FOUNDATION 1801 16TH ST GREELEY, CO 80631	84-0718355	501(c)(3)	70,194				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES PHOENIX 501 E ROANOKE AVE PHOENIX, AZ 85004	86-0483792	501(c)(3)	15,000				GENERAL DONATION
SPECIAL OLYMPICS ARIZONA INC 2100 SOUTH 75TH AVENUE PHOENIX, AZ 85043	86-0307564	501(C)(3)	20,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVENUE TUCSON, AZ 85721	86-6050388	501(c)(3)	34,330,680				GENERAL DONATION
UNITED WAY OF LARIMER COUNTY INC 424 PINE STREET SUITE 102 FORT COLLINS, CO 80524	84-6031503	501(c)(3)	10,500				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WELD COUNTY PO BOX 1944 GREELEY, CO 80632	84-6011918	501(c)(3)	10,000				GENERAL DONATION
UPSTATE COLORADO ECONOMIC DEVELOPMENT 822 7TH ST SUITE 550 GREELEY, CO 80631	84-1071701	501(C)(6)	10,000				GENERAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELD COUNTY SCHOOL DISTRICT 6 1025 9TH AVENUE GREELEY, CO 80631	84-6002058	GOVT	30,512				GENERAL DONATION
WESTERN MARICOPA COALITION 6751 N SUNSET BLVD STE 210 GLENDALE, AZ 85305	86-0666418	501(c)(3)	10,000				GENERAL DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Banner Health

Employer identification number
45-0233470

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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 Yes										
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 Yes										
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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a Yes</td> <td></td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b Yes</td> <td></td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	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?	4c	No		
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?	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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes										
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										

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.

See Additional Data Table

Schedule J (Form 990) 2017

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
SCHEDULE J, PART I, LINE 1A	FIRST CLASS TRAVEL THE BH TRAVEL POLICY ALLOWS FOR FIRST-CLASS AIR TRAVEL ON ANY FLIGHT WITHIN THE US AND THE LESSER FARE OF 1ST OR BUSINESS CLASS ON INTERNATIONAL TRAVEL FOR THE PRESIDENT/CEO GROSS-UP FOR TAXABLE RELOCATION THE FOLLOWING INDIVIDUAL RECEIVED A ONE-TIME PAYMENT FOR RELOCATION EXPENSES, WHICH INCLUDED A GROSS-UP THIS AMOUNT IS INCLUDED IN THE INDIVIDUAL'S COMPENSATION AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) THE AMOUNT OF THE PAYMENT IS LISTED BELOW DENNIS LARAWAY \$ 294,620
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY DURING 2017 (INCLUDED IN SCH J, PART II, COLUMN (B)(III)) DENNIS DAHLEN \$365,586 ROBERT GOULD \$566,419 EDWARD OXFORD, JR \$259,963
SCHEDULE J, PART I, LINE 4B	1 SERP II - COVERED 3 EXECUTIVES (FINE, BUNNELL, AND BIXBY) THIS NONQUALIFIED PLAN IS HELD IN A RABBI TRUST AT NORTHERN TRUST COMPANY PAYMENTS ARE PURSUANT TO THE 2004 PLAN WHICH WAS REVIEWED BY AN INDEPENDENT COMPENSATION COMMITTEE TO DETERMINE REASONABLENESS AND IS PAYABLE AT AGE 65 OR UPON 15 YEARS SERVICE THE ONLY CONTRIBUTIONS ALLOWED ARE EMPLOYER CONTRIBUTIONS AND ARE CALCULATED BASED ON ACTUARIALLY DETERMINED FACTORS TAXATION OCCURS UPON DISTRIBUTION EMPLOYER CONTRIBUTIONS TO SERP (INCLUDED IN COLUMN C) AS DEFERRED COMPENSATION PETER S FINE \$268,687 EMPLOYER CONTRIBUTIONS TO SERP II (INCLUDED IN COLUMN C) AS DEFERRED COMPENSATION DAVID BIXBY \$784,318 THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SERP II PLAN (INCLUDED IN COLUMN (B) (III) as other compensation) PETER S FINE \$16,951,228 RONALD BUNNELL \$10,249,914 EMPLOYER CONTRIBUTIONS TO SERP II (INCLUDED IN COLUMN F) AS REPORTED IN PRIOR FORM 990 (AS DEFERRED COMPENSATION) PETER FINE \$15,097,383 RONALD BUNNELL \$9,435,009 2 EXEC 457(B) - COVERED APPROXIMATELY 290 FORMER AND CURRENT EXECUTIVES THIS NONQUALIFIED PLAN IS HELD AT FIDELITY INVESTMENTS AND IS 100% VESTED TAXATION OCCURS UPON DISTRIBUTION THE ONLY CONTRIBUTIONS ALLOWED ARE EMPLOYER CONTRIBUTIONS CONTRIBUTIONS ARE CALCULATED BASED ON ACTUARIALLY DETERMINED FACTORS EMPLOYER CONTRIBUTIONS TO EXEC 457(B) ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) 3 EXEC 457(F) - COVERED APPROXIMATELY 50 FORMER AND CURRENT EXECUTIVES THIS NONQUALIFIED PLAN IS HELD AT FIDELITY INVESTMENTS VESTING OCCURS UPON MEETING VESTING REQUIREMENTS (SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE) - EARLIER OF AGE 62, 5 YEARS FROM DATE OF DEPOSIT, OR RULE OF 80 TAXATION OCCURS UPON DISTRIBUTION (IF VESTED) THE ONLY CONTRIBUTIONS ALLOWED ARE EMPLOYER CONTRIBUTIONS PAYOUT AMOUNTS ARE TAXABLE AND INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) DEPOSIT AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN(C) NAME 457(F) PAYOUT EMPLOYER 457(F) DEPOSIT DENNIS DAHLEN \$162,643 \$ 75,848 JOHN HENSING, MD \$ 70,475 \$ 0 KATHY BOLLINGER \$ 0 \$ 65,125 REBECCA KUHN \$ 62,609 \$ 0 ROBERT GOULD \$293,335 \$ 0 ERIC REIMAN \$ 0 \$ 46,000 TODD S WERNER \$ 0 \$ 43,150 CHARLES LEHN \$ 0 \$ 42,666 ALEXANDRA MOREHOUSE MCREYNOLDS \$ 0 \$ 35,476 NAOMI CRAMER \$ 0 \$ 18,455 BRENDA SCHAEFER \$ 0 \$ 826 ANUJ NARANG \$ 49,918 \$ 28,598 ROBERT GROVES \$ 47,456 \$ 22,342 THOMAS DICKSON \$ 65,718 \$ 33,638 JAMES FERANDO \$ 88,375 \$ 0 MAJORIE BESSELL \$ 0 \$ 29,689 RYAN SMITH \$ 0 \$ 28,632
SCHEDULE J, PART I, LINE 7	1 THE INDIVIDUALS IDENTIFIED BELOW PARTICIPATE IN A LONG-TERM INCENTIVE PLAN (LTIP) COVERING A TWO-YEAR CYCLE FROM 2015-2016 AND THREE-YEAR CYCLES FROM 2015-2017, 2016-2018, and 2017-2019 THE LTIP WAS DESIGNED AT THE INITIATIVE OF THE BANNER BOARD OF DIRECTORS WITH THE ASSISTANCE OF TOWERS WATSON, AND ALL COMPONENTS WERE APPROVED BY THE BOARD THE PLANS AREAS OF PERFORMANCE TARGETS INCLUDE BANNER HEALTH NETWORK COST PER CASE, ELECTRONIC HEALTH RECORD IMPLEMENTATION, COVERED LIVES (POPULATION HEALTH MANAGEMENT) AND HIRING PHYSICIANS AWARDS ARE CALCULATED AS A PERCENTAGE OF AVERAGE BASE SALARY DURING THE TWO-YEAR OR THREE-YEAR CYCLE, AND OPPORTUNITY VARIES BY POSITION LEVEL THE PLAN REQUIRES A THRESHOLD LEVEL OF FINANCIAL PERFORMANCE BEFORE ANY AWARDS CAN BE MADE, AND THE AMOUNT OF THE AWARDS VARIES WITH THE DEGREE OF ACHIEVEMENT OF THE TARGETS THE MAXIMUM LTIP PAYOUT OPPORTUNITY RANGES FROM 20% TO 255% OF THE AVERAGE TWO-YEAR OR THREE-YEAR BASE SALARY AWARDS HAVE BEEN ACCRUED UNDER THE LTIP, BUT NO PAYMENTS ARE MADE UNTIL AFTER YEAR-END AND ACHIEVEMENT IS VERIFIED BY THE BANNER HEALTH BOARD COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS OF BANNER HEALTH ALL LTIP COMPENSATION PAYMENTS ARE REPORTED IN THE INCENTIVE AND BONUS COMPENSATION SHOWN IN SCHEDULE J, PART II, COLUMN (B)(II) AMOUNTS PAID FOR 2017 FOR THE 2015-2016 CYCLE ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B) AS BONUS & INCENTIVE COMPENSATION AMOUNTS ACCRUED FOR 2017 FOR THE 2015-2017 CYCLE AND THE 2016-2018 AND 2017-2019 CYCLES (TO BE PAID OUT IN 2018, 2019, AND 2020 RESPECTIVELY) ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C) AS DEFERRED COMPENSATION NAME LTIP ACCRUAL LTIP PAYOUT PETER S FINE \$ 3,608,618 \$1,910,231 REBECCA KUHN \$ 1,178,500 \$ 378,692 JOHN HENSING, MD \$ 500,082 \$ 202,091 DAVID BIXBY \$ 483,177 \$ 162,213 NAOMI CRAMER \$ 448,090 \$ 60,366 MAJORIE BESSEL \$ 435,879 \$ 67,699 ALEXANDRA MOREHOUSE MCREYNOLDS \$ 420,000 \$ 76,301 RONALD BUNNELL \$ 321,572 \$ 623,289 KATHY BOLLINGER \$ 294,774 \$ 195,110 DENNIS LARAWAY \$ 210,000 \$ 0 MARGO KARSTEN \$ 164,691 \$ 0 JAMES FERANDO \$ 163,636 \$ 154,298 CHARLES LEHN \$ 149,997 \$ 141,513 ANUJ NARANG \$ 128,525 \$ 85,028 THOMAS DICKSON \$ 81,780 \$ 94,039 BRENDA SCHAEFER \$ 81,475 \$ 42,476 ROBERT GROVES \$ 30,900 \$ 58,939 DENNIS DAHLEN \$ 0 \$ 210,267 ROBERT GOULD \$ 0 \$ 141,339 TODD S WERNER \$ 0 \$ 133,038 RYAN SMITH \$ 181,687 \$ 115,217 2 BANNER HEALTH HAS A MANAGEMENT INCENTIVE PLAN (MIP) WHICH IS BASED ON COMPANY ACHIEVEMENT OF SEVERAL FINANCIAL AND NON-FINANCIAL/CLINICAL QUALITY METRICS THAT ARE ESTABLISHED ANNUALLY BY THE BANNER HEALTH BOARD OF DIRECTORS AWARDS ARE GRANTED AS A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AND VARY WITH THE POSITION LEVEL OF THE PARTICIPATING EMPLOYEE, RANGING FROM 7% TO 110% OF BASE SALARY IN 2017, THERE WERE 1,051 MIP PARTICIPANTS THE MIP WAS ACCRUED IN 2017 FOR THE 2017 MIP, AND PAYOUTS ON THE 2017 MIP WERE PAID IN 2017 MIP COMPENSATION IS INCLUDED IN SCHEDULE J, PART II, COL (B)(II)
SCHEDULE J, PART II	SHARE OPTION PLAN CERTAIN INDIVIDUALS PARTICIPATED IN BH'S SHARE OPTION PLAN WHICH ALLOWED THEM TO PURCHASE MUTUAL FUND SHARE OPTIONS OVER A SPECIFIED PERIOD OF TIME AT BELOW FAIR MARKET VALUE THE VALUE OF MUTUAL FUNDS RECEIVED IS TAXABLE UPON EXERCISE OF THE OPTIONS THE FOLLOWING INDIVIDUAL EXERCISED MUTUAL FUND SHARE OPTIONS AS PART OF THIS PLAN DURING 2017, THE VALUE OF WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) DAVID BIXBY \$ 105,456
SCHEDULE J, PART III	SIGN ON BONUS THE FOLLOWING INDIVIDUAL RECEIVED A ONE TIME SIGN ON BONUS IN 2017 (INCLUDED IN COLUMN (B)(II)) ROBERT GROVES \$499,705 RETENTION BONUS THE FOLLOWING INDIVIDUAL RECEIVED A ONE TIME RETENTION BONUS IN 2017 (INCLUDED IN COLUMN (B)(II)) ROBERT GROVES \$395,803 PRODUCTIVITY BONUS THE FOLLOWING INDIVIDUALS RECEIVED A ONE TIME PRODUCTIVITY BONUS IN 2017 (INCLUDED IN COLUMN (B)(II)) ANUJ NARANG \$27,468 THOMAS DICKSON \$29,724 MDP BONUS THE FOLLOWING INDIVIDUAL RECEIVED A ONE TIME MDP BONUS IN 2017 (INCLUDED IN COLUMN (B)(II)) MAJORIE BESSEL \$18,600 Honorarium The following Individual received a one time honorarium payment in 2017 (included in Column (B)(III)) Peter S Fine \$58,000

Additional Data

Software ID:
Software Version:
EIN: 45-0233470
Name: Banner Health

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				
1Peter S Fine PRESIDENT & CEO	(i)	1,318,397	3,267,865	17,043,658	3,888,105	31,619	25,549,644	17,007,614
	(ii)	0	0	0	0	0	0	0
1David Bixby SVP/GENERAL COUNSEL/SECRETARY	(i)	565,245	404,001	114,320	1,278,220	16,108	2,377,894	162,213
	(ii)	0	0	0	0	0	0	0
2Kathy Bollinger EXEC VP, ACADEMIC DELIVERY	(i)	649,678	473,738	22,800	370,699	23,467	1,540,382	195,110
	(ii)	0	0	0	0	0	0	0
3Ronald Bunnell EXEC VP & CAO (thru 9/30/17)	(i)	913,790	1,098,499	10,371,460	332,372	22,954	12,739,075	10,058,298
	(ii)	0	0	0	0	0	0	0
4Naomi Cramer Chief HR Officer (as of 6/17)	(i)	394,979	209,716	18,965	477,345	24,633	1,125,638	60,366
	(ii)	0	0	0	0	0	0	0
5Dennis Dahlen SVP & CFO (thru 5/2/17)	(i)	265,536	523,682	547,706	86,648	27,154	1,450,726	283,567
	(ii)	0	0	0	0	0	0	0
6John Hensing MD Exec VP, Chief Medical Officer	(i)	689,538	497,749	98,413	510,775	23,687	1,820,162	202,091
	(ii)	0	0	0	0	0	0	0
7Rebecca Kuhn EXEC VP, COMMUNITY DELIVERY	(i)	699,134	689,624	86,923	1,189,300	22,216	2,687,197	440,477
	(ii)	0	0	0	0	0	0	0
8Dennis Laraway SVP/CFO (as of 9/30/17)	(i)	171,263	0	295,589	210,000	3,213	680,065	0
	(ii)	0	0	0	0	0	0	0
9Charles Lehn EXEC VP, STRATEGIC GROWTH	(i)	491,124	354,184	20,322	203,463	27,645	1,096,738	141,513
	(ii)	0	0	0	0	0	0	0
10Alexandra Morehouse McReynolds Chief Mktng off (as of 6/17)	(i)	392,162	246,443	19,812	466,276	27,608	1,152,301	76,301
	(ii)	0	0	0	0	0	0	0
11Brenda Schaefer VP, TREASURY/TREASURER	(i)	240,386	124,838	19,183	92,044	10,919	487,370	42,476
	(ii)	0	0	0	0	0	0	0
12Robert Gould PRESIDENT - ARIZONA WEST	(i)	55,086	358,266	860,178	3,374	31,399	1,308,303	358,964
	(ii)	0	0	0	0	0	0	0
13Margo Karsten CEO - Northern Colorado	(i)	396,189	38,792	15,807	164,691	14,160	629,639	0
	(ii)	0	0	0	0	0	0	0
14Anuj Narang CEO - BANNER UMC-PHOENIX	(i)	427,143	278,685	68,600	167,921	10,000	952,349	134,946
	(ii)	0	0	0	0	0	0	0
15Todd S Werner PRESIDENT - ARIZONA EAST	(i)	546,262	349,964	19,399	53,950	33,027	1,002,602	133,038
	(ii)	0	0	0	0	0	0	0
16Robert Groves Director, VP HEALTH MANAGEMENT	(i)	461,092	1,056,963	67,603	61,086	18,734	1,665,478	58,939
	(ii)	0	0	0	0	0	0	0
17James Ferando President - Western Region	(i)	527,352	380,037	111,107	174,250	20,808	1,213,554	202,548
	(ii)	0	0	0	0	0	0	0
18Majorie Bessel VP CMO Community Delivery	(i)	526,742	220,772	19,328	467,262	17,606	1,251,710	67,699
	(ii)	0	0	0	0	0	0	0
19Thomas Dickson MD CEO- BANNER UMC TUCSON & SOUTH	(i)	453,293	302,208	86,973	126,218	25,584	994,276	99,652
	(ii)	0	0	0	0	0	0	0

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				
21Eric Reiman CEO/CSO Banner Research	(i)	534,768	294,123	23,585	56,695	6,052	915,223	0
	(ii)	0	0	0	0	0	0	0
1RYAN SMITH SVP/CHIEF INFORMATION OFFICER	(i)	395,319	286,952	18,637	0	0	700,908	115,217
	(ii)							
2EDWARD OXFORD JR SVP/CHIEF TALENT OFFICER	(i)	0	83,042	260,068	0	0	343,110	96,639
	(ii)							

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Banner Health

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

2017

Open to Public Inspection

Employer identification number
45-0233470

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 ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507HMO	05-10-2007	600,002,793	SERIES 2007A-B - SEE PART VI	X			X		X
B ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507HNB	04-30-2008	226,464,588	SERIES 2008A - SEE PART VI	X			X		X
C ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507JY2	06-19-2008	197,500,000	SERIES 2008B-C - SEE PART VI		X		X		X
D ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507KYO	08-28-2008	915,742,826	SERIES 2008D - SEE PART VI	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	87,365,000		25,655,000		32,500,000		151,955,000	
2	Amount of bonds legally defeased	103,555,000		198,705,000		0		748,975,000	
3	Total proceeds of issue	654,681,003		226,464,588		197,500,000		919,855,595	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	3,221,064		1,836,731		2,489,789		5,438,540	
8	Credit enhancement from proceeds	0		0		100,211		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	651,459,939		0		0		575,104,824	
11	Other spent proceeds	0		224,627,857		194,910,000		339,312,231	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2009		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		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		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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		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?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 010 %		0 %		0 080 %	
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 %		0 010 %		0 %		0 080 %	
7 Does the bond issue meet the private security or payment test? . . .		X		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		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?		X		X		X		X
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		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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X	X			X		X
c No rebate due?	X			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		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X			X
b Name of provider	MORGAN STANLEY		0		MORGAN STANLEY		0	
c Term of hedge	2967 %				2665 %			
d Was the hedge superintegrated?	X					X		
e Was the hedge terminated?		X				X		

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		X
b Name of provider	MORGAN STANLEY		0		0		0	
c Term of GIC	3 %							
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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
	SCHEDULE K, PART IV, LINE 2C 2007A-B - MAY 5, 2017 2008B-C - FEBRUARY 28, 2013 2008D - OCTOBER 3, 2017 2008E-H - OCTOBER 2, 2017 2012A - DECEMBER 29, 2017 2014A - OCTOBER 22, 2016 2015A - DECEMBER 8, 2017 2015B-D - MAY 12, 2017

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Banner Health

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.
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OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
45-0233470

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 ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507LE3	09-18-2008	397,085,000	SERIES 2008E-H - SEE PART VI		X		X		X
B ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507NA9	11-08-2012	179,490,454	SERIES 2012A - SEE PART VI		X		X		X
C ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	000040507	10-22-2014	211,563,492	SERIES 2014A - SEE PART VI		X		X		X
D ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507QM0	11-05-2015	109,938,631	SERIES 2015A - SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	73,515,000		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	397,085,000		179,510,496		211,565,255		109,938,631	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		108,580,702	
7	Issuance costs from proceeds	1,252,134		1,685,334		2,208,915		899,345	
8	Credit enhancement from proceeds	3,166,608		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		177,825,162		209,356,340		0	
11	Other spent proceeds	392,666,258		0		0		458,584	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2008		2015		2016		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			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		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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		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?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 380 %		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 %							
6 Total of lines 4 and 5	0 380 %							
7 Does the bond issue meet the private security or payment test? . . .		X		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		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?		X		X		X		X
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		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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		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		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	MORGAN STANLEY		0		0		0	
c Term of hedge	2030 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
<p>SCHEDULE K, PART VI</p>	<p>2007A-B THE BONDS WERE ISSUED TO (1) FINANCE A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RENOVATION, INSTALLATION AND EQUIPPING OF THE VARIOUS PROJECTS, INCLUDING THE REIMBURSEMENT OF CERTAIN PRIOR CAPITAL EXPENDITURES PAID BY BANNER HEALTH, (2) REFUND AND REDEEM ON A CURRENT BASIS A PORTION OF BANNER HEALTH'S OUTSTANDING COMMERCIAL PAPER NOTES, (3) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS, AND (4) PAY PREMIUMS FOR MUNICIPAL BONDS INSURANCE POLICIES TO SECURE PAYMENT OF DEBT SERVICE ON THE BONDS 2008A THE BONDS WERE ISSUED TO (1) REFINANCE PRIOR BONDS ISSUED ON MAY 12, 2005, INCLUDING INTEREST ACCRUED THEREON, AND (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITER'S DISCOUNT 2008B-C THE BONDS WERE ISSUED TO (1) REFINANCE PRIOR BONDS ISSUED ON MAY 12, 2005, (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS, AND (3) PAY FEES AND EXPENSES WITH RESPECT TO THE LETTER OF CREDIT 2008D THE BONDS WERE ISSUED, TOGETHER WITH OTHER AVAILABLE MONEYS OF BANNER HEALTH, TO (1) FINANCE A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RENOVATION, INSTALLATION AND EQUIPPING OF PROJECTS, INCLUDING REIMBURSEMENT OF CERTAIN PRIOR CAPITAL EXPENDITURES PAID BY BANNER HEALTH, (2) FINANCE THE COSTS OF THE SUN HEALTH ACQUISITION, (3) CURRENTLY REFUND \$50,700,000 OUTSTANDING PRINCIPAL AMOUNT OF THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF MESA, ARIZONA, VARIABLE RATE REVENUE BONDS (DISCOVERY HEALTH SYSTEM), SERIES 1999B, (4) CURRENTLY REFUND \$73,225,000 OUTSTANDING PRINCIPAL AMOUNT OF THE AUTHORITY'S REVENUE BONDS (BANNER HEALTH SYSTEM), SERIES 2002A, (5) CURRENTLY REFUND \$73,175,000 OUTSTANDING PRINCIPAL AMOUNT OF THE AUTHORITY'S REVENUE BONDS (BANNER HEALTH SYSTEM), SERIES 2002B, (6) CURRENTLY REFUND \$146,325,000 OUTSTANDING PRINCIPAL AMOUNT OF THE AUTHORITY'S REVENUE BONDS (BANNER HEALTH SYSTEM), SERIES 2002C, AND (7) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITER'S DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS 2008E-H THE BONDS WERE ISSUED TO (1) REFINANCE THE OUTSTANDING PRINCIPAL AMOUNT OF THE AUTHORITY'S \$396,995,000 REVENUE BONDS (BANNER HEALTH) SERIES 2005A, (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS, AND (3) PAY FEES AND EXPENSES WITH RESPECT TO THE LETTER OF CREDIT 2012A THE BONDS WERE ISSUED TO (1) FINANCE THE CONSTRUCTION OF A NEW TOWER, A FIVE-STORY PARKING STRUCTURE FOR VISITORS, A THREE-STORY PARKING STRUCTURE FOR STAFF, A TWO-STORY WING TO ACCOMMODATE ADDITIONAL CARDIAC CATHETERIZATION, ENDOSCOPY AND OTHER PROCEDURES AND PROVIDE SPACE FOR A NICU AND EXPANDED WOMEN'S AND INFANTS SERVICES, AND EXPANSION OF THE OPERATING ROOMS AND THE EMERGENCY DEPARTMENT AT BANNER ESTR</p>

Return Reference	Explanation
<p>SCHEDULE K, PART VI</p>	<p>ELLA MEDICAL CENTER (BANNER ESTRELLA) AND (2) FINANCE THE DESIGN AND BUILD-OUT OF TWO SHELL FLOORS AT BANNER BAYWOOD MEDICAL CENTER (BANNER BAYWOOD), TO ADD 56 PRIVATE PATIENT ROOMS AND TO CONVERT EXISTING SEMI- PRIVATE BEDS TO PRIVATE BEDS 2014A THE PROCEEDS OF THE BONDS ARE BEING USED (1) TO FINANCE AND REFINANCE THE COSTS OF THE ACQUISITION AND THE COST OF CAPITAL IMPROVEMENTS OF BANNER CASA GRANDE, AN ACUTE CARE COMMUNITY HOSPITAL, (2) TO FINANCE THE CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF THE NEW BANNER FORT COLLINS MEDICAL CENTER, AND (3) TO FINANCE THE CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF THE BANNER M D ANDERSON CANCER CENTER 2015A THE BONDS WERE USED TO (1) ADVANCE REFUND THE PORTION OF THE AUTHORITY'S REVENUE BONDS (BANNER HEALTH), SERIES 2007A MATURING ON JANUARY 1 IN THE YEARS 2018 THROUGH 2025, (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS (THE "COST OF ISSUANCE") 2015B-D THE PROCEEDS OF THE BONDS ARE BEING USED FOR (1) REFINANCE A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF A TAXABLE TERM LOAN TO THE BANNER HEALTH FROM MIZUHO BANK LTD THE PROCEEDS OF THE LOAN WERE USED TO ACQUIRE A PORTION OF THE ASSETS OF THE UNIVERSITY OF ARIZONA HEALTH NETWORK, INC , (2) REFINANCE A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF A TAXABLE REVOLVING CREDIT LOAN TO BANNER HEALTH FROM THE BANK OF AMERICA, N A THE PROCEEDS OF THE LOAN WERE USED BY BANNER HEALTH TO ACQUIRE A PORTION OF THE ASSETS OF PAYSON REGIONAL MEDICAL CENTER , (3) CONSTRUCT A 1,100 CAR PARKING GARAGE AT THE BANNER-UNIVERSITY MEDICAL CENTER PHOENIX, (4) PAY THE FEES AND EXPENSES WITH RESPECT TO A DIRECT-PAY LETTER OF CREDIT RELATING TO THE 2015B BONDS PROVIDED BY THE BANK OF TOKYO-MITSUBISHI UFJ LTD , (5) PAY THE FEES AND EXPENSES WITH RESPECT TO A DIRECT-PAY LETTER RELATING TO THE 2015C BONDS AND TOGETHER WITH THE 2015B LETTER OF CREDIT PROVIDED BY BANK OF AMERICA, N A , AND (6) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS (THE "COST OF ISSUANCE") 2016A THE PROCEEDS OF THE BONDS, TOGETHER WITH OTHER AVAILABLE MONIES OF BANNER HEALTH, ARE BEING USED TO (1) ADVANCE REFUND THE PORTION OF THE ARIZONA HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008A MATURING ON JANUARY 1 IN THE YEARS 2022 THROUGH 2035, (2) ADVANCE REFUND THE PORTION OF ARIZONA HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008D AND COLLECTIVELY WITH THE SERIES 2008A BONDS MATURING ON JANUARY 1 IN THE YEARS 2019 THROUGH 2038 (OTHER THAN 2030), (3) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS YEARS 2019 THROUGH 2038 (OTHER THAN 2030), (3) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS</p>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316031658											
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds						OMB No 1545-0047							
Department of the Treasury Internal Revenue Service Name of the organization Banner Health		▶ 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 .						2017							
								Open to Public Inspection							
								Employer identification number 45-0233470							
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	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507QA6	11-05-2015	301,550,000	SERIES 2015B-D - SEE PART VI			X		X		X		
B	THE INDUSTRIAL DEVEL AUTHORITY OF MARICOPA	86-0453292	56682HCH0	11-17-2016	931,052,179	SERIES 2016A - SEE PART VI			X		X		X		
C	THE INDUSTRIAL DEVEL AUTHORITY OF MARICOPA	86-0445263	56682HCK3	10-18-2017	403,357,634	Series 2017ABC - See Part VI			X		X		X		
D	THE INDUSTRIAL DEVEL AUTHORITY OF MARICOPA	86-0445263	56682HCP2	10-18-2017	100,000,000	Series 2017D - See Part VI			X		X		X		
Part II Proceeds															
				A		B		C		D					
1	Amount of bonds retired			0		0		0		0					
2	Amount of bonds legally defeased			0		0		0		0					
3	Total proceeds of issue			301,550,000		931,052,179		403,446,777		100,000,000					
4	Gross proceeds in reserve funds			0		0		0		0					
5	Capitalized interest from proceeds			0		0		0		0					
6	Proceeds in refunding escrows			0		0		0		0					
7	Issuance costs from proceeds			1,550,000		5,747,005		2,878,298		479,336					
8	Credit enhancement from proceeds			0		0		0		0					
9	Working capital expenditures from proceeds			0		0		0		0					
10	Capital expenditures from proceeds			11,580,626		0		355,611,299		99,520,664					
11	Other spent proceeds			288,419,374		935,305,174		0		0					
12	Other unspent proceeds			0		0		44,957,180		0					
13	Year of substantial completion			2015		2017									
				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	
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		X	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.															
Cat No 50193E															
Schedule K (Form 990) 2017															

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		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?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X	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?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 060 %		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 %							
6 Total of lines 4 and 5	0 %		0 060 %					
7 Does the bond issue meet the private security or payment test? . . .		X		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		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?		X		X		X		X
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		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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			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		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
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		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
<p>2017ABC THE PROCEEDS OF THE SERIES 2017ABC BONDS, TOGETHER WITH OTHER</p>	<p>AVAILABLE MONEYS OF THE INSTITUTION, ARE BEING USED TO (1) FINANCE A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RENOVATION, INSTALLATION AND EQUIPPING OF THE 2017 PROJECTS , INCLUDING REIMBURSEMENT OF CERTAIN PRIOR CAPITAL EXPENDITURES PAID BY THE INSTITUTION (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINANCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, IN CURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2017ABC BONDS (THE "COSTS OF ISSUANCE ") THE 2017 PROJECTS INCLUDE (A) CONSTRUCTION, FURNISHING AND EQUIPPING OF A NEW 16 STORY PATIENT CARE AND CLINICAL TOWER TO BE LOCATED ON THE BANNER-UNIVERSITY MEDICAL CENTER PHO ENIX CAMPUS (BANNER UMC PHOENIX) LOCATED AT 1111 E MCDOWELL ROAD, PHOENIX, ARIZONA 85006, CONSISTING OF APPROXIMATELY 700,000 SQUARE FEET AND HOUSING APPROXIMATELY 256 PATIENT BED S, A NEW EMERGENCY DEPARTMENT AND TRAUMA CENTER, OPERATING ROOMS, DIAGNOSTIC AND LABORATOR Y FACILITIES, AND RELATED CAMPUS IMPROVEMENTS AND MISCELLANEOUS CAPITAL EXPENDITURES ON TH E BANNER UMC PHOENIX CAMPUS, AND (B) CONSTRUCTION, FURNISHING AND EQUIPPING OF A NEW 9-STO RY PATIENT CARE AND CLINICAL TOWER TO BE LOCATED ON THE BANNER-UNIVERSITY MEDICAL CENTER T UCSON CAMPUS (BANNER UMC TUCSON) LOCATED AT 1501 N CAMPBELL AVENUE, TUCSON, ARIZONA 85724 , CONSISTING OF APPROXIMATELY 700,000 SQUARE FEET AND HOUSING APPROXIMATELY 204 PATIENT BE DS, OPERATING ROOMS, DIAGNOSTIC AND LABORATORY FACILITIES AND RELATED CAMPUS IMPROVEMENTS AND MISCELLANEOUS CAPITAL EXPENDITURES ON THE BANNER UMC TUCSON CAMPUS 2017D THE PROCEED S OF THE SERIES 2017D BONDS, TOGETHER WITH OTHER AVAILABLE MONEYS OF THE INSTITUTION, ARE BEING USED TO (1) FINANCE A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RENOVATION , INSTALLATION AND EQUIPPING OF THE 2017 PROJECTS, INCLUDING REIMBURSEMENT OF CERTAIN PRIO R CAPITAL EXPENDITURES PAID BY THE INSTITUTION, (2) PAY CERTAIN LEGAL, ACCOUNTING AND FINA NCING COSTS, INCLUDING UNDERWRITERS' DISCOUNT, INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2017D BONDS (THE "COSTS OF ISSUANCE") THE 2017 PROJECTS INCLUDE (A) CONSTRUC TION, FURNISHING AND EQUIPPING OF A NEW 16-STORY PATIENT CARE AND CLINICAL TOWER TO BE LOC ATED ON THE BANNER-UNIVERSITY MEDICAL CENTER PHOENIX CAMPUS (BANNER UMC PHOENIX) LOCATED A T 1111 E MCDOWELL ROAD, PHOENIX, ARIZONA 85006, CONSISTING OF APPROXIMATELY 700,000 SQUAR E FEET AND HOUSING APPROXIMATELY 256 PATIENT BEDS, A NEW EMERGENCY DEPARTMENT AND TRAUMA C ENTER, OPERATING ROOMS, DIAGNOSTIC AND LABORATORY FACILITIES, AND RELATED CAMPUS IMPROVEME NTS AND MISCELLANEOUS CAPITAL EXPENDITURES ON THE BANNER UMC PHOENIX CAMPUS, AND (B) CONST RUCTION, FURNISHING AND EQUIPPING OF A NEW 9-STORY PATIENT CARE AND CLINICAL TOWER TO BE L OCATED ON THE BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS (BANNER UMC TUCSON) LOCATED A T 1501 N CAMPBELL AVENUE, TUCSON, ARIZONA 85724, CONSISTING OF APPROXIMATELY 700,000 SQUA RE FEET AND HOUSING APPROXIMATELY 204 PATIENT BEDS, OPERATING ROOMS, DIAGNOSTIC AND LABORA TORY FACILITIES AND RELATED CA</p>

Return Reference	Explanation
2017ABC THE PROCEEDS OF THE SERIES 2017ABC BONDS, TOGETHER WITH OTHER	MPUS IMPROVEMENTS AND MISCELLANEOUS CAPITAL EXPENDITURES ON THE BANNER UMC TUCSON CAMPUS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Banner Health

Employer identification number

45-0233470

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
Total						▶ \$						

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) NATALIE RHODES	DAUGHTER OF OFFICER	52,368	EMPLOYED BY BANNER HEALTH		No
(2) ALYSSA LEHN	DAUGHTER OF OFFICER	58,259	EMPLOYED BY BANNER HEALTH		No
(3) AISHLING COYNE	STEPDAUGHTER OF OFFICER	52,350	EMPLOYED BY BANNER HEALTH		No
(4) LAZARUS SILVYN AND BANGS	LAW FIRM OF BOARD MEMBER	24,480	LEGAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316031658	
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 <div style="font-size: 2em; font-weight: bold;">2017</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div>
	Name of the organization Banner Health				Employer identification number 45-0233470

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>AT BANNER HEALTH ('BANNER'BH'), OUR VOLUNTEERS ARE AN IMPORTANT PART OF OUR TEAM, AND EACH YEAR THOUSANDS OF PEOPLE SERVE BANNER AND, IN TURN, SERVE LOCAL COMMUNITY NEEDS PEOPLE OF ALL AGES, FROM ALL WALKS OF LIFE, AND WITH DIVERSE BACKGROUNDS AND SKILLS CHOOSE TO GIVE THEIR TIME TO BANNER OUR VOLUNTEERS RANGE FROM TEENS AND ADULTS TO SEASONAL VISITORS AND RETIREES THE ONLY CONSISTENCY IS THAT THEY ALL HAVE A DESIRE TO HELP AND SERVE OTHERS THESE COMPASSIONATE AND CARING INDIVIDUALS MAKE A POSITIVE DIFFERENCE IN THE LIVES OF PATIENTS, STAFF AND GUESTS BY PROVIDING A PERSONAL AND COMPASSIONATE APPROACH TO PATIENT AND GUEST SERVICE VOLUNTEERS WITHIN BH WORK DIRECTLY WITH PEOPLE AND PROVIDE BEHIND-THE-SCENES SUPPORT TO ENHANCE THE PATIENTS' EXPERIENCE AND COMFORT WITHIN THE VARIOUS PATIENT CARE AND PUBLIC AREAS, VOLUNTEERS GREET GUESTS, PROVIDE INFORMATION AND DIRECTIONS, ESCORT PATIENTS AND FAMILIES TO THEIR DESTINATIONS, AND TRANSPORT AND LINK VISITORS TO STAFF AND OTHER RESOURCES VOLUNTEERS ALSO PROVIDE COMFORT THROUGH THERAPY DOG VISITS, PERSONAL VISITS, AND BY PROVIDING COMFORT ITEMS SUCH AS PILLOWS, PHONE CARDS, AND CATERING FINALLY, OTHER VOLUNTEERS SUPPORT STAFF THROUGH ADMINISTRATIVE PROJECTS AND ASSISTANCE - ALLOWING THEM MORE TIME TO DEVOTE TO PATIENT CARE BH HONORS THE MANY VOLUNTEERS WHO DONATE NUMEROUS HOURS AND COUNTLESS TALENTS TO OUR ORGANIZATION IN FURTHERANCE OF OUR EXEMPT PURPOSE THEY EXEMPLIFY OUR MISSION IN THAT EVERY DAY THEY MAKE A DIFFERENCE IN THE LIVES OF OUR PATIENTS AND COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>Headquartered in Phoenix, Arizona, Banner Health (Banner) is a nonprofit health care system that owns, leases, and operates 28 hospitals including three academic medical centers, nursing homes, physician clinics, home health agencies, urgent care centers, and ambulatory facilities in six western states. Banner is one of the nation's largest nonprofit health care systems and the leading nonprofit provider of hospital services in every community we serve and, in some cases, the only inpatient facility available. Banner is deeply committed to our mission "making health care easier, so life can be better," a mission which serves as the cornerstone of operations at our 28 hospitals and care facilities located in small and large, rural and urban communities. Regarded and recognized as a top health system in the country for consistent clinical quality, nonprofit Banner has evolved from a health system of hospitals to a fully integrated system. The comprehensive, integrated services provided by Banner include acute care, ambulatory care, long-term care, home health care, urgent care, and hospice and palliative care. In addition to providing major, accredited medical education programs that train qualified physicians, Banner participates in national and global research efforts. Banner has not only demonstrated the ability to effectively manage the health and wellness of those in our service areas but has expanded convenient access to quality care throughout the communities we serve. Banner is dedicated to strengthening our patient care through a continuous focus on improving patient outcomes and service, development and training of an engaged workforce, use of innovative technologies, and expansion of our facilities and services to meet community need. At all stages in life, Banner meets the health and medical needs of its patients through compassionate professionals and outstanding service. Banner Health's mission is "making health care easier, so life can be better." As a nonprofit organization, we exist to support our charitable mission of providing excellent health care services to the communities we serve, rather than to generate income for investors or stockholders. To fulfill our mission and serve our incredibly diverse patient population, Banner operates a system of rural and urban facilities that preserve the dignity of each individual regardless of race, creed, sex, age, social status or ability to pay for services rendered. Banner facilities are operated in a cost-effective and financially responsible manner to ensure that all who turn to Banner receive the excellent patient care they deserve. Banner exists to provide health care services to the communities we serve, rather than generate profits and with more than 50,000 employees, is the largest private employer in Arizona and third largest employer in the Northern Colorado front range area. That means that every dollar we earn is reinvested into new equipment, new or expanding patient care.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>ervices, new physician services, new technologies, maintaining existing equipment and facilities, and employees' salaries. In addition, we subsidize the medical education costs for hundreds of physicians in training, the majority of whom will stay in Arizona and Colorado, where they trained. We leverage our size to reduce supply and equipment costs and to operate more efficiently and aggressively pursue best practices both inside and outside of Banner for opportunities to reduce waste and inefficiency. Fulfillment of the Banner mission and exempt purpose is accomplished in part by providing patients financial assistance and charity care, as well as community benefits programs and services (See Schedule H). Banner is noted for its community service programs and Banner employees work tirelessly and devote significant hours, a large portion of which are on Banner work time as volunteers at clinics for the working poor, providing general health and behavioral health screenings, and conducting seminars, presentations and educational events. In addition, Banner employees routinely serve on local community boards and actively participate in various public service opportunities. Services and programs conducted by Banner facilities include, but are not limited to</p>

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-Community health education programs	<p>-Support groups -Self-help programs -Community blood drives and health screenings -Community wellness clinics and programs -Community health fairs -Mobile screenings and clinics -Subsidized clinics and services -Live and web-based and electronic consumer health education and assistance -Primary and clinical research with an emphasis on Alzheimers disease and other age-related diseases -School-based clinics, education and physical examinations -Donated conference room and related space to community-based organizations -Donated medical supplies -Partnerships with educational institutions to promote healthcare careers -Facility and staff involvement in community-based organizations -Community leadership training and coalition building</p> <p>Banner is committed to the health and well-being of the communities it serves and several new or on-going community benefit activities were noted in 2017. The activities include COMMUNITY HEALTH IMPROVEMENT and SUPPORT SERVICES</p> <p>-Grace Middlebrook Patient and Family Learning Center, Wellness Library and Kruger Wellspring Library Accessible information is important when making medical decisions. Banner University Medical Center - Phoenix, North Colorado Medical Center and McKee Medical Center offered community members access to books, tapes, videos, journal articles, etc. on health-related topics</p> <p>-Banner Internet Web-Based Consumer Education Banner strives to be the leading health care provider in every community it serves and it recognizes the importance of providing health care information, and support. In 2017, Banner electronic consumer health information pages and web content were viewed in excess of 658,000 times. Dedicated staff created content, maintained the website and prepared on-line, bi-lingual publications for the community. Included in the content were extensive adult and childrens health resource libraries, wellness information "Ask the Expert" which provides access to thousands of written and video formats and a diverse offering of online and interactive health calculators and health assessment tools. The health library provides information about wellness, disease conditions, procedures and medications and whether the goal is fitness or disease management, the on-line library provides easily accessible and valuable information.</p> <p>-Mission of Mercy Mobile Medical Van Mission of Mercy is a mobile medical clinic launched in 1997 that serves the more than 200,000 uninsured working poor in Phoenix and the surrounding cities that make up Maricopa County. The rolling clinic on wheels is supported entirely by volunteer labor and donated supplies.</p> <p>-Banner Health Call Center and Crisis Helplines In 2017, Banner handled phone calls for physician referral, health-information provided by registered nurses, crisis counseling, behavioral health help and information on Banner programs and services. Valued at \$1.4 million, most of these calls were from low-income persons needing health advice and crisis services.</p> <p>-Cari</p>

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-Community health education programs	<p>ng Connections Caring Connections is a unique program offered by Banner Hospice that provides support and assistance for patients and families who face the challenges of chronic or life limiting illness Through Caring Connections, patients and their families have access to community resources, crisis intervention, telephone support and education valued at approximately \$222,460 Services are available to anyone who is planning ahead, caregiving, living with a serious illness or grieving a loss</p> <p>-Community Education Banner is committed to providing education in all the communities it serves and doing its part to keep Banner communities strong and healthy Across the system, area residents and community members were provided numerous in-person and online educational opportunities valued in excess of \$ 351,170 including classes, symposiums, presentations and forums aimed at community health awareness Topics included discussions specific to various diseases and disease prevention techniques, holistic therapies, wellness, caregiver support and safety Also available were speaker bureaus and physician lectures dedicated to meeting the particular health-related community request or need Extending beyond patient care, the following community health activities and support services were also carried out in 2017</p> <p>-Alzheimers Education, Screening and Support Services Banner Health is a national leader in the diagnosis and treatment of Alzheimers disease and other dementias as well as in cutting-edge research across several campuses Through the Banner Alzheimers Institute community presentations, caregiver support services and screenings were provided to individuals and families</p> <p>-Auto, Car Seat and Seat Belt Safety Parents, youth and family members provided with car seat and seat belt safety instructions and certification opportunities valued at \$13,000</p> <p>-BANNER HEALTH/DOTTIE KISSINGER BEREAVEMENT CAMP FAMILIES WITH children ages 6 and up, who are grieving the death of a family member, are invited to attend and provided support for a free bereavement camp for children who have lost a parent or loved one Each family stays together in a cabin for this weekend experience and children and parents participate in activities that inform, educate, and provide opportunities to talk about very difficult aspects of loss The camp is offered twice a year once in the spring and once in the fall just outside of Payson, Arizona and is open to the entire community</p>

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-Behavioral Health Provided education and resources related to	suicide prevention, depression, chemical dependency, childhood behavior issues and anxiety valued at \$23,000 -Bike and Helmet Safety \$4,400 was expended to provide bike and helmet safety lessons and/or supplies -Blood Drives and Screenings - Across the enterprise, low -cost or no-cost blood screenings and immunizations valued at \$6,600 were offered to community members -Cancer Education, Screenings and Support Individuals and families were provided with education and activities in support of cancer care and healing These services were valued in excess of \$25,460 and include events such as "Pink Night Out", Tai Chi, and Yoga for Health and survivors activities -Cardiac Care, Healthy Heart, Chronic Obstructive Pulmonary Disease, and Stroke Education and Awareness Services valued at \$235,000 provided to over 555 residents -Children and Youth - Child development, early education and safety awareness valued more than \$9,300 provided to area youth -Community Blood Screenings and Draws Draws, education and health profile screening benefits provided to area residents in communities served by Banner -Community Newsletters Quarterly health information provided to thousands of residents -CPR and First Aid Residents trained on CPR, first aid and emergency response protocol valued at \$30,600 -Diabetes Screening and Support Lectures, screenings and community expos aimed at educating the community on diabetes Participants received free screenings and education valued in excess of \$12,900 -East Valley Wellness Program Health Beyond the Walls - Improve the lives of community residents through free wellness screenings and health education Banner Health brings health care services to those who can't easily access them Monthly, a community health nurse visits communities in the east Phoenix metro area, checking blood pressure and blood glucose and providing education and counseling to persons who don't have a physician or may have trouble getting to their doctor's offices -Fire Safety Services valued at \$641 provided residents -Fitness and Exercise Opportunity for adults and youth to improve health via Pilates, yoga, strength training, fitness challenges, Zumba, worksite wellness opportunities and body mechanics training -Food, Nutrition, & Healthy Eating Community education and various opportunities provided to area residents to learn about healthy food choices, nutrition, and healthy cooking -Germs and Germ Safety Children and adults were educated on germ prevention and the importance of hand washing and sanitation -Gun Safety Area youth were educated on gun safety valued in excess of \$1,841 -Grief Individuals were supported by services and activities to assist with grief Programs follows a step-by-step approach as a way of healing from loss and address death and divorce as well as other significant emotional losses -Health Care Support Services Public AHCCCS/Medicaid program enrollment assistance and care coordination valued at \$5 0 million

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<p>-Behavioral Health Provided education and resources related to</p>	<p>provided to individuals in need -Health Fairs - These events provided to local residents and held at community events, county fairs, local businesses, malls, senior centers, schools and Banner facilities address critical community needs were valued in excess of \$5,000 In addition to skilled physicians and nurses, other employees donate their time to provide free screenings and education at community events as a way to increase awareness and educate the public Dedicated to our community and collaboration with other community organizations for our underserved population, activities include but are not limited to diabetes screenings, hearing and vision tests, blood pressure screenings, balancing tests, blood sugar screenings, body mass indexes, chest compression demonstrations, childrens Teddy Bear clinics, car seat safety clinics, and other educational and health related topics -Hospice and Palliative Care Educational opportunities are available to local residents to assist with grief, end of life care and caregiving concerns -NCMC Hospitality House Lodging provided for those needing a place to stay if a loved one is hospitalized In 2017, 20 rooms, three apartments and four common rooms were provided to guests who could not afford to pay for housing in a community hotel -Keeping Kids Safe - Community Hospital, the cornerstone of health care in southeast Wyoming, is a major sponsor of the town of Torrington's Safe Kids Day -Lunch & Learn Opportunities for area residents to learn about pertinent health issues during lunch-hour presentations valued in excess of \$4,260 -Men and Boys Opportunities provided to residents related to mens health and wellness education -Lodging and Transportation Individuals provided lodging and transportation assistance in excess of \$10,580 -New Mom Education Education for moms, families and siblings provided in excess of \$120,390 -Ogallala Community Hospital Health & Safety Fair - This annual health fair draws more than 200 people who travel as much as 50 miles to get better information about their health The fair gives people an excellent overall snapshot of their health by providing blood draws, PSA checks, blood-pressure checks, osteoporosis exams, vision screening and more -Orthopedics Residents received education on healthy bones, orthopedic pain control, joint pain and knee replacement valued at \$11,600 -Pediatric Diabetes Education and support received by families with juvenile diabetes -Peripheral Artery Disease (PAD) and Blood Pressure Screenings Residents were provided with PAD screening and wellness services -Poison Safety and Prevention School based poison safety education provide to educators, parents, students and community members -Children's Safety Fair - This annual award-winning community program covers everything from fire, home and bicycle safety to stranger danger and Internet predators -Washakie Health Screenings Washakie Medical Center helps the community with free health screenings</p>

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-Behavioral Health Provided education and resources related to	<p>Helping people keep their diabetes in line or evaluate peripheral artery disease, screened participants can talk with a dietitian or other specialist. These free screenings are invaluable to people with little or no health insurance that need help monitoring glucose levels to prevent complications from diabetes and other concerns. The screenings are put on in conjunction with the local Eagles Lodge members. -Seniors Senior services and health fairs as well as education on pertinent issues such as diet and nutrition, graceful aging, dementia and memory, healthy aging, finances and fall prevention are provided to area seniors valued at \$4,400. -Sitter Safety Classes valued in excess of \$1,904 provided to area youth to train and enhance babysitting skills and safety. -Spirit of Women - Banner Health is proud to be part of Spirit of Women, a coalition of American hospitals committed to making good health easier for women and their families. This program, which is only available in Colorado, motivates women to make positive changes in their lives. Spirit of Women promotes total well-being mind, body and spirit. As a Spirit of Woman partner, opportunities are provided for women and their families to learn more about their health, get regular updates and to be part of a community focused on the well-being of women. -Sport Screenings Physicals, education and support for local student athletes. -Stranger Danger Area children provided education on safety and strangers. -Support Groups Throughout Banner thousands of patients and families were aided in coping with Alzheimers, brain injuries, cancer, bariatric concerns, diabetes, heart disease, pulmonary disease, behavioral health, grief and recovery, infectious disease, injury prevention, transplant services, behavioral and mental health, nutrition, Parkinsons, obstetric and gynecological concerns, stroke, caregiving and death. These services are valued in excess of \$47,000. -Teens and Youth Teens and youth received training on issues such as teen pregnancy, youth sport injuries, responsible versus risky behaviors, drunk driving, teen drinking, abstinence, etc. valued at \$1,000.</p>

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<p>-TELEPHONE REASSURANCE</p> <p>- VOLUNTEERS HELP KEEP HUNDREDS OF PEOPLE</p>	<p>safe at home by contacting participants who haven't checked in by a certain hour, if there is no answer, other attempts are made to ensure the person is safe -Vaccinations and Inoculations Immunization clinics and mobile flu shot opportunities and medication vouchers provided to area residents -Water/Pool Safety Services educated over 2,640 individuals and family members in water safety and protection -Wellness Wednesdays - Program designed to offer low cost blood screenings at regular intervals to area residents the local community take charge of their health, said program -Womens Health Programs Along with Spirit of Womens activities, opportunities valued in excess of \$542,600 provided to area women related to womens health and wellness education HEALTH PROFESSION EDUCATION and TRAINING PROGRAMS AND ACADEMIC MEDICINE Banner Health offers some of the most sought-after Graduate Medical Education programs in the United States and is committed to the training of medical residents, nursing students, other health-care service providers, and community members We are a leading provider of well-trained and highly skilled physicians training more than 300 doctors annually Since 1965, Banner has offered Graduate Medical Education at Banner University Medical Center - Phoenix (formerly Banner Good Samaritan Medical Center) and hundreds of physicians who have graduated from this program serve our communities The Banner University Medical Center Phoenix Graduate Medical Education Programs, now University of Arizona College of Medicine Phoenix Programs offer a vast array of residency programs and fellowships across its campuses The variety of residency programs in Arizona and Colorado, subspecialty fellowship programs in Arizona and affiliated residencies and training opportunities in the six states we serve include -Emergency Medicine -Family Medicine -Internal Medicine -Med-Peds -Neurology -OB/GYN -Oral Maxillofacial Surgery -Orthopedic Surgery -Pharmacy -Psychiatry -Surgery -Radiation Physics -Podiatric Medicine and Surgical -Family Medicine - Geriatrics -Cardiology -Interventional Cardiology -Endocrinology -Gastroenterology -Geriatric Medicine -Hand, Upper Extremity and Microsurgery -Medical Toxicology -Hospice and Palliative Medicine -Pulmonary/Critical Care Medicine -Primary Care Sports Medicine Banner has been instrumental in educating the Colorado physician community as well with the family practice residency at North Colorado Medical Center (NCMC) The NCMC family practice residency program provides family practice residents with advanced skills to enable them to provide a wide variety of physician services in underserved rural areas Providing quality patient care in a supportive, collaborative environment that celebrates education as a lifelong process this program provides excellent training for physicians planning to practice full-spectrum family medicine in any setting Banner also performs life-changing research, providing Graduate Med</p>

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<p>-TELEPHONE REASSURANCE - VOLUNTEERS HELP KEEP HUNDREDS OF PEOPLE</p>	<p>ical Education to those who go on to touch lives across Arizona, the nation, and the world and the Banner Academic Medical Centers are a vital part of Banners mission to making health care easier, so life can be better. All of our residency and fellowship training programs are fully accredited and lead to eligibility for certification by the respective specialty boards. As part of community service, Banner provided approximately \$42.7 million for the training of future doctors, nurses and therapists, and the continuing education of current health care professionals. Banner's nonprofit mission demonstrates that we recognize the importance of spiritual healing. In today's world of high-tech medicine, we know that including the spiritual aspect in the healing process takes purposeful effort, and this is the mission of the chaplains who make up the systems Departments of Spiritual Care. At Banner Health we offer several learning options for professional and non-professional religious and spiritual leaders to take CPE. In holistic care, body, mind, and spirit are taken care of. Chaplains help address the emotional and spiritual suffering. They offer a listening ear, a spiritual presence. In respect of the great variety of spiritual and religious beliefs, as well as of cultural expressions, they provide a safe and competent environment to explore the various emotional and spiritual crises that patients and families may experience in the course of a hospitalization. Simply put, CPE helps form and equip competent spiritual healers, and Banner supports a growing ACPE program because it knows that healing involves more than medical cures, and that emotional and spiritual well-being facilitates the healing process. Banner provided approximately \$188,000 for the training of future spiritual care leaders. The Banner Simulation System is one of the country's largest simulation education programs to train physicians, nurses, allied health providers and emergency responders. At the heart of our simulation education program is the 55-bed, 55,000-square-foot Banner Simulation Medical Center in Mesa, Arizona, the nation's largest virtual hospital and one of the biggest centers of its kind in the world. It is complemented by other Banner Simulation sites in Arizona and Colorado, as well as a mobile training program that serves hospitals throughout the Western Region. The downtown Mesa facility contains everything from neonatal intensive care and adult acute care units to an operating room with virtual-operation capabilities. One of the largest centers of its kind in the world, this priceless resource elevates Banners educational efforts in Arizona to exceptional heights. We use mannequins, simulators and virtual-reality programs to offer the next generation of learning collaborating with area colleges and emergency response departments to provide simulation exercises. With a hospital full of virtual-reality "patients," Banner employees, medical students and other heal</p>

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<p>-TELEPHONE REASSURANCE - VOLUNTEERS HELP KEEP HUNDREDS OF PEOPLE</p>	<p>th professionals can learn and perfect their medical techniques before they care for real patients in our facilities Banner Simulation Education's vision is to "transform health care delivery through simulation, learning and research we are fulfilling that vision with our extensive, rapidly expanding program We offer one of the country's largest Simulation Education Programs and through its existing simulation-education programs, Banner Health has trained thousands of health care professionals Banner Health's Simulation Education program has been accredited by the American College of Surgeons becoming the first program that it has accredited across an entire health care system There are 62 accredited simulation programs around the world and Banner Health is one of the few that is non-academic and non-university supported Banner Health's system wide Simulation Education program is also accredited by The Society for Simulation in Healthcare (SSH) It is one of only three organizations worldwide to be accredited in five all areas core, assessment, research, teaching and system integration and has as extensive medical research program leading the field of simulation learning into the future In 2017, Banner supported health profession education with the following programs -Student Nursing Education - Collaboration with local universities to enhance and provide education and practical training -Pharmacy Education As part of community service, Banner provided approximately \$2.2 million for the training of future pharmacists -Nursing Professional Education Nursing education provided on a variety of relevant topics and skill sets including advanced trauma support and midwifery -Nursing Development Fund Recognizing the significance of innovation, research and continuing education, in conjunction with the Banner Foundation, Banner has established a nursing development fund, fueled through Better Together donations In addition to applying for scholarships, nurses throughout Banner can submit applications for grants to carry out evidence-based practice (EBP) and research projects that seek to improve patient care and nurse outcomes</p>

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<p>-EMS/Paramedics Services provided to local emergency medical</p>	<p>personnel and agencies -Job Shadowing and Career Day Presentations These programs and services valued at \$14,400 encouraged healthcare careers through education and observation of daily activities to area youth and others interested in health care careers -ACLS, BLS and PALS Training and certification services valued at approximately \$3,500 provided on basic and advanced techniques -Other Health Provider Education Other health care providers and students were trained on a variety of topics valued in excess of \$3,700 -Banner Center for Health Education Collaborated with Maricopa Community College on various health careers and ways to increase area health professional and nursing shortages -Scholarships Banner partners with numerous organizations to identify and assist individuals interested in pursuing medical careers \$11,000 contributed in the Western Region alone SUBSIDIZED HEALTH SERVICES Banner provides important, free and reduced or sliding fee based services like the Banner Poison and Drug Information Center Hotline, health information provided by registered nurses through our Banner Health Call Center, and school-based health centers for kids in economically challenged areas Banner also provides numerous clinical services to meet the needs of Banner communities and the uninsured or under-insured Included in the subsidized services provided in 2017 are -Funded Discharge Program Funds in excess of \$820,300 were provided to needy community residents for post discharge care -The Banner University Medical Center - Phoenix Poison and Drug Information Center The nationally recognized Banner Poison and Drug Information Center (BPDIC) is one of fifty-five accredited by the American Association of Poison Control Centers (AAPCC) and is designated by the State of Arizona to provide free 24-hour emergency management of poisonings to residents and health care professionals in Maricopa County Services are available in more than 150 languages and BPDIC participates in a national surveillance program which is currently the only near real time system in place to monitor potentially critical trends in reported symptoms that could indicate a biological or chemical threat in the United States In 2017, over 75,000 calls from the public and healthcare providers were answered by Nurses and Pharmacists who are Specialists in Poison Information along with Poison Information Providers Over 100,000 follow-up calls were made to determine outcomes Some of the types of exposures included bites/stings, drug overdoses, children getting into poisons, adults taking accidental overdoses of their prescription medications as well as providing poison and drug information 72% of poison emergencies were managed safely at home by phone follow-up eliminating the need for a visit to a physician or the local emergency room 88% of calls about children were safely managed at home In addition, the center provided extensive community education on the prevention of poison</p>

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-EMS/Paramedics Services provided to local emergency medical	<p>ings BPDIC collaborated with several Public Health departments in Arizona which included assisting the general public with immunization questions, answering calls on an afterhours disease reporting line, assisted with surge capacity/overflow of major health issues i.e., food borne illnesses, enhanced surveillance during the major sporting events, and influenza calls BPDIC also participated in a CDC led project called Flu on Call which demonstrated how effective poison centers and other telehealth groups could help during a flu pandemic Staff from the poison center are actively involved in teaching nursing and medical students, pharmacy and paramedic students In 2017 the operating expenditures of the Poison Control Center were approximately \$2.4 million BPDIC received contributions from the Arizona Department of Health Services and HRSA along with local health department contracts and projects to total approximately \$500,000 Banner University Medical Center - Phoenix contributed approximately \$1.9 million to fund this much needed program One of only two centers in Arizona, the Banner Poison and Drug Information Center receives over 60% of the states call volume and with Banner University Medical Center-Phoenixs Department of Medical Toxicology has a graduate training program for physicians in toxicology currently training fellows in Arizona Established in 1979, the Banner Poison and Drug Information Center has continuously served the citizens of Maricopa County and surrounding counties for more than 38 years -Healthy Beginnings Prenatal Program Healthy Beginnings is a Loveland, Colorado community-based prenatal program that offers health care, education and support for families with little or no health insurance and allows access quality prenatal care and education The primary purpose is to help women access prenatal care as early as possible in order to deliver a healthy baby, no matter their income or insurance situation Realizing every baby needs a fighting chance, classes are available in breastfeeding, stress management, and basic infant care There is a monthly "Mom's Group, even the opportunity for expectant fathers to meet with a male social worker Established in 1991, this program serves many local families a year -Banner Childrens Community Clinics For more than 20 years Banner has partnered intentionally with local school districts to bring much needed services to their uninsured population right inside the schools walls Staffed by pediatric or family nurse practitioners, Banner Childrens Community Clinics formerly known as Banner Childrens School-based Health Centers provide patients with well visits, and treat minor illnesses or, even, major and chronic health problems In conjunction with the Banner Foundation, The Banner Health clinics provide primary care services to uninsured children enrolled in schools throughout Chandler, Glendale, Mesa, Phoenix and Tempe Conveniently located on school campuses, the school-based h</p>

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-EMS/Paramedics Services provided to local emergency medical	<p>health clinics operate like regular doctors' offices helping uninsured children with health problems, physicals and routine check-ups. Lack of health services to uninsured children is a critical problem in Arizona, where a significant portion of children are without health insurance. The program's goal is to keep uninsured children healthy, in school, and out of the emergency room. This invaluable program also works directly with local labs and imaging departments for supplementary assessment and diagnosis, when needed. Importantly, too, the Clinics partner with our very own Banner Childrens Specialists who generously offer patients specialty consultations for only \$5 per visit. This service is efficient, cost effective, and easily accessible through the school nurse and includes health assessments and histories, health promotions, diagnosis and treatment of episodic illness and sports and camp physicals and students do not need to attend these schools in order to receive care. With an annual 3,000 uninsured patients served, these Community Clinics are, yet, another fundamental lifeline and a helping hand extended by Banner.</p> <p>-Banner Childrens Healthmobile Keeping kids healthy can be quite a task, especially if your child is not covered by insurance. That's why Banner Childrens is here to help. We offer free health services to uninsured children in the Phoenix Metropolitan area through our Community Clinics and the Banner Childrens Healthmobile. A complement to the Banner Health School-Based Health Centers. The "Banner Childrens Healthmobile" is a licensed outpatient treatment center that operates just like a mobile doctors office, offering children up to 21 years of age treatment for health problems, physicals and routine annual check-ups. The mobile clinic complements Banner Healths School-Based Health Centers, which have treated thousands of patients for free at Valley campuses. A necessity for uninsured and underinsured children in the Phoenix Metropolitan area, over 1,000 young people were provided exceptional medical treatment in 2017. The Banner Childrens Healthmobile further supports our local communities and hospitals by providing more convenience for families who previously had to travel long distances for treatment valued in excess of \$167,000.</p>

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-SEASONS CLUB, OLIVE BRANCH SENIOR CENTER AND STEPPING STONES	<p>Seasons Club, Olive Branch Senior Center, Adult Residential Care, Stepping Stones and Memories in the Making enhance the quality of life for mature Arizona and Colorado adults through health promotion, education and recreation. In 2017 approximately \$547,000 was invested in the Loveland and Northwest Phoenix communities to enhance the lives of area seniors. The Seasons Club is a free program that helps people age 50 and older get the most out of life through health promotion, education, and recreation. Stepping Stones Adult Day Program offers affordable quality care for adults who are no longer safe to be at home alone. Participants are given the opportunity to socialize, build friendships and enjoy stimulating activities in a safe, caring environment. The Stepping Stones Adult Day Program opened its doors in the Loveland community in 1995 and is a place where dignity, confidence, security and independence are assured, giving participants new levels of freedom and enhancing their quality of life. Since 1988, Banner Olive Branch Senior Center has been providing services to our community to help participants remain healthy, active and independent. The Centers humble beginnings started with a food program in a local church, paying \$1 annually in rent, with one loaned vehicle to deliver food. Today, Banner Olive Branch Senior Center has a fleet of 13 vehicles including 2 buses and offers over 25 programs and services. The Banner Olive Branch Senior Center offers a variety of social and educational activities as well as delicious and nutritious meals cooked in our kitchen. Individuals and their spouses, ages 60 and older and handicapped persons of all ages are offered health screenings, blood pressure checks, trip and entertainment, legal assistance, counseling and classes including exercise and nutrition. The Lifeline Assistance Fund provides installation and monthly service fees to underinsured or uninsured, low-income seniors who require Lifeline support to maintain their independence and continue to live at home. Lifeline, manufactured by Phillips, is an easy-to-use medical alert service designed to reduce the risks associated with living alone. Palliative Care Multidisciplinary teams in Arizona and Colorado strive to assist patients, families and caregivers with end-of-life issues, an uncomfortable subject to many. Banners approach encourages open communication and helps identify and carry out individualized goals for end-of-life care. Specialized symptom management along with consultation addresses the medical, emotional, psychological and spiritual issues that occur with regard to the management of advanced chronic and life-limiting illness. In 2017, over \$9.127 million was devoted to these efforts. At Banner Health, our palliative care program provides compassionate, comprehensive and interdisciplinary care that reduces suffering and optimizes quality of life by addressing physical, emotional and spiritual needs for patients and families experiencing</p>

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-SEASONS CLUB, OLIVE BRANCH SENIOR CENTER AND STEPPING STONES	<p>riencing serious illness Our palliative care team of doctors, nurses and other specialist s are specially trained in symptom management and provide treatment by Assessing the patie nt and/or family in a holistic manner Including the patient and family as an integral part of the treatment team Controlling pain and other symptoms as well as relieving suffering Restoring the highest possible functional capacity for each individual and family member a s well as providing psychosocial support with a focus on dignity, support services for pat ient and family and a sensitivity to the cultural and religious values of the patient and family</p> <p>-Trauma Seeking care quickly at a Banner Health trauma center can make the differe nce between death or serious long-term injury and full recovery Several Banner Health fac ilities are designated as Level 1 Trauma Centers The Trauma department at Banner Universi ty Medical Center - Phoenix recognizes the life-saving importance of partnering with rural communities in Arizona to improve trauma care In Arizona, more than 60 percent of Arizon a trauma patients are injured in rural areas, meaning they must be transported long distan ces to receive specialized care In fact, more than 40 percent of Arizona trauma patients dont reach a designated trauma center within the first hour or, "Golden Hour", after their injury Receiving treatment in this first hour may be critical to their survival Recogni zing this, Banner University Medical Center - Phoenix has partnered with rural health care facilities to provide training critical to treat patients during this time while they are awaiting transport to Level I Trauma Centers The team has also been honored for their co mmitment to providing this kind of training to Arizona rural emergency personnel Also, as part of the hospital's trauma prevention program, an injury prevention coordinator works to keep the community accident-free by participating in health fairs, seat belt education programs and health education for high school and elementary-school kid and presenting at other safety workshops</p> <p>-Memory Disorders Clinic Banner Alzheimers Institute embraces a th ree-part mission to set a new national standard of patient and family care, conduct revolu tionary studies in the detection and treatment of Alzheimers and forge scientific collabor ations that bring together institutions and disciplines internationally Setting a new nat ional standard of care the Banner Alzheimers Institute has introduced a new standard of ca re that provides ongoing hope and help for people with Alzheimers/dementia and their famil ies The Banner Alzheimers Institute standard of care combines exceptional services, groun dbreaking research and innovative programs, including complete medical, neurological and n europsychological evaluations, treatment and therapy, support services that address both m edical and non-medical need, comprehensive information and resources and access to promisi ng investigational treatments</p>

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-SEASONS CLUB, OLIVE BRANCH SENIOR CENTER AND STEPPING STONES	<p>Directed by internationally recognized leaders in the care and study of people with Alzheimers disease, Banner Alzheimers Institute offers a compassionate center of excellence for anyone affected by Alzheimers disease, dementia or a related memory disorder Support and innovative approaches to medical treatment, family and community services are offered to this very complicated population and memory loss care specialists work to customize a spec ific action plan tailored to the precise needs of the patient and family as they change du ring time In 2017, these services, valued at approximately \$1 68 million, include memory assistance and medical, legal and financial planning services, connection to community ser vices and resources, and counseling and support during trying times Memory Centers locate d in Phoenix and Sun City are led by a team of internationally renowned memory disorder an d dementia specialists who will tailor care specifically for the patient or loved one Ser vices include a comprehensive diagnosis, targeted treatment plans, planning resources that include education and support groups and research opportunities that involved innovative treatments -Hospital Paramedic Programs EMS based services are provided to Arizona and Wes tern Region emergency responders Without this subsidy and service, localities would be re sponsible for these services valued at \$1 2 million -Ambulance and Evacuation Services Am bulance and emergency evacuation services are provided to Arizona and Western Region commu nities Without this subsidy and service, localities would be responsible for these servic es valued at \$2 2 million</p>

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-PRESCRIPTION ASSISTANCE	<p>In 2017, prescription assistance, community resource information and referrals were provided to Loveland area residents with chronic and acute medication needs. This program, provided at a cost of \$34,600 helped people receive drugs for free or for little cost. The Prescription Assistance Fund assists low-income residents in obtaining medications for chronic health problems. By helping people afford their medications, we encourage healthier life styles and promote wellness for our patients while decreasing hospitalizations and emergency department visits. The McKee Prescription Assistance Fund works with LCHC and other community health organizations to maximize the benefit to the community. People with asthma, diabetes and behavioral health problems have gotten the medications they need to live their lives more easily. McKee Prescription Assistance Program also counsels seniors on their Medicare drug benefits.</p> <p>-Banner MD Anderson Patient Assistance Fund</p> <p>The Patient Assistance Fund provides support to Banner MD Anderson Cancer Center patients with financial needs for diagnostic imaging, radiation treatment and wig assistance. In conjunction with the Banner Foundation, relief is provided during a difficult journey.</p> <p>-Behavioral Health Banner Behavioral Health provides a nationally recognized, behavioral health care program for children, teens and adults faced with psychiatric, behavioral health, or chemical dependency challenges. In 2017, \$1.8 million was devoted to the mental health needs of the communities Banner serves and Banner is dedicated to providing safe, confidential and compassionate treatment with customized treatment plans to meet each patient's needs in the least restrictive therapeutic environment. We also can help patients with co-existing psychiatric and substance abuse problems. Functioning like an emergency department for patients with a mental health crisis, the Banner Psychiatric Center opened in 2010 as a much-needed resource and innovative model of care. The Banner Psychiatric Center has an observation area for 24 patients and is staffed 24/7 with physicians, nurse practitioners, RNs, behavioral health technicians and counselors. The Banner Psychiatric Center is working with Banner's Phoenix-area Emergency departments to expand its Tele-psych program that allow patients and Emergency physicians to consult with a psychiatrist via a secured telemedicine link. Our staff provides assessments for outpatient treatment, as well as offering Intensive outpatient programs at both our Scottsdale facility and Chandler office for adults and adolescents with chemical dependence or mental health challenges. Instead of being held in a hospital emergency department or inpatient room for hours or days, until a qualified specialist is available, adult patients are admitted to the Banner Psychiatric Center for assessment. Located on the Scottsdale campus of Banner Behavioral Health Hospital, the Centers impact is significant. Patients receive the</p>

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-PRESCRIPTION ASSISTANCE	<p>appropriate and best level of care at the right time This s facility that, surely, is a literal lifeline for individuals in need -Western States Burn Center Located in Greeley, Colorado, the Western States Burn Center at North Colorado Medical Center provides the mos t sophisticated treatment and technology currently available for the treatment of burn inj uries Opened in 2009, the center focuses on the care of adult burn patients and has an ex panded unit with 10 acuity-adaptable rooms In addition, burn center staff can care for fou r additional burn patients if the demand arises The Western States Burn Center at North C olorado Medical Center offers a variety of inpatient and outpatient services including inp atient management of complex thermal, chemical, and electrical burn injuries as well as TE NS and necrotizing fasciitis, outpatient management of thermal, chemical, and electrical b urn injuries, outpatient management and consultation of complex wounds (non-burn), outpati ent and inpatient rehabilitation, and Advanced Burn Life Support courses The current stat e-of-the-art burn center provides burn care to eight states - Colorado, Idaho, Kansas, Mon tana, Nebraska, North Dakota, South Dakota and Wyoming Our burn center professionals prov ide patient care through a multi-disciplinary team approach This team includes physicians , nurse practitioner, critical care nurses, physical, occupational and respiratory therapi sts, social workers, dieticians, pharmacists and mental health professionals Coordination of these services provides excellent patient care in all aspects, from the initial acute setting to the outpatient rehabilitation process As a regional burn center, we are dedica ted to providing burn outreach education to our service area This includes Continuing Med ical Education presentations, Advanced Burn Life Support (ABLS) classes through the Americ an Burn Association, and presentations to chemical, electrical, oil/gas and other industri al companies Without Banners \$1 41 million support, multiple western states would be with out this comprehensive coverage</p> <p>-Laura Dreier Breast Center Each year, thousands of women rely on the Laura Dreier Breast Center at Banner University Medical Center - Phoenix for their annual screening mammograms and bone density studies The Reaching Out Laura Dreier Breast Health Program educates women about the latest breast disease prevention, early det ection and treatment information Through donations to the Banner Health Foundation and pa rtnership with the Komen Foundation, the Reaching Out program has provided mammograms and treatment to hundreds of uninsured and underinsured women This program is often the only lifeline of support for women facing a breast cancer diagnosis In 2017 Banner Health cont ributed \$290,000 to breast cancer treatment efforts</p> <p>-Womens Center At Banner Healths hosp itals, Banner Health Clinics and Banner Health Centers, we offer comprehensive, compassion ate womens health services - r</p>

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-PRESCRIPTION ASSISTANCE	<p>outine and specialized care, education and support - for all stages of a womans life Bann er is committed to womens health with specialized services provided at the Banner Heart Cl inic, McKees Center for Womens Health and Banner University Medical Center - Phoenix value d in excess of \$2 17 million The Womens Center at Banner University Medical Center - Phoe nix takes a unique approach to women's health by combining academic training for obstetric s and gynecology residents with experienced board-certified faculty physicians In 2017 Ba nner University Medical Center - Phoenix provided over \$1 million in advanced care for com plicated women's health issues as well as routine exams The Women's Center is a key resou rce in central Phoenix and is the primary referral site for high-risk and complicated wome ns medical services Patients travel from all over Arizona to receive inpatient, outpatien t and in-office care BANNER RESEARCH Banner Health is a national leader in the diagnosis and treatment of Alzheimers disease and other dementias as well as in cutting-edge researc h across several campuses Researchers at Banner are committed to conduct high-quality cli nical trials and other research projects that are medically and scientifically important a nd have a strong potential to benefit patients We conduct our ground-breaking studies thr ough our Banner Research division and our Banner University Medicine academic medicine div ision Our dedication is to our patients to turn discoveries into new diagnoses, treatment s and prevention methods for diseases such as Alzheimers, Parkinsons, cardiovascular disea se, fibromyalgia, arthritis and cancer The studies and programs encompassed within Banner Research include -All clinical trials and other research in Banner medical facilities -B anner Alzheimers Institute (BAI) -Banner Sun Health Research Institute (BSHRI) -Banner MD Anderson Banner Cancer Center research -All grants, including non-research grants, in Bann er medical facilities</p>

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BAI EMBRACES A THREE-PART MISSION TO	<p>1) set a new national standard of patient and family care, 2) conduct revolutionary studies in the detection and treatment of Alzheimers, and 3) forge scientific collaborations that bring together institutions and disciplines internationally Banner Alzheimers Institute has introduced a new standard of care that provides ongoing hope and help for people with Alzheimers/dementia and their families The BAI standard of care combines exceptional services, groundbreaking research and innovative programs, including</p> <ul style="list-style-type: none"> -Complete medical, neurological and neuropsychological evaluations -Treatment and therapy -Support services that address both medical and non-medical needs -Comprehensive information and resources -Access to promising investigational treatments <p>Banner researchers conduct revolutionary studies in the detection and treatment of Alzheimers, envisioning, directing and analyzing studies that scientists throughout the world regard as pivotal Our teams drive to end Alzheimers means we may pursue more than two dozen clinical trials at any given time Our scientists are involved in</p> <ul style="list-style-type: none"> -Searching for and then tracking the neurological changes associated with the development of Alzheimers -Assessing the value, safety and tolerability of medications targeting Alzheimers physical and behavioral symptoms -Evaluating potential therapies that would prevent the onset of Alzheimers symptoms <p>Forging scientific collaborations that bring together institutions and disciplines internationally, Banner Alzheimers Institute is proud to partner with scientific, medical, academic and industry partners to end Alzheimers disease Our collaborations include</p> <ul style="list-style-type: none"> -Arizona Alzheimers Consortium BAI launched and now leads the Arizona Alzheimers Consortium, the nations foremost model of statewide collaboration in Alzheimers disease research -Alzheimers Prevention Initiative BAI championed and now oversees the Alzheimers Prevention Initiative (API), an international collaborative Its goal is to launch a new era of Alzheimers prevention research by evaluating the most promising prevention treatments and to do so as quickly as possible API includes scientists and physicians as well as industry and regulatory agency representatives from throughout the world -Arizona State University-Banner Neurodegenerative Research Collaborative Arizona State University (ASU) and Banner Health have formed a new research alliance to advance the scientific study, treatment and prevention of Alzheimers, Parkinsons and other neurodegenerative diseases This research partnership will include the launch of a new Arizona State University-Banner Neurodegenerative Disease Research Center on ASUs Tempe campus -The work by scientists and physicians at BSHRI has had a significant impact on generating groundbreaking research, developing effective treatments and devising strategies for prevention of many diseases -BSHRI, together with its Arizona consortium partners, has been designated by the National Ins

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BAI EMBRACES A THREE-PART MISSION TO	<p>titutes of Health as one of just 31 Alzheimers disease Centers in the nation In addition, the first state-sponsored Arizona Parkinsons Disease Center was established at BSHRI We are also home to The Center for Healthy Aging, which explores the multiple factors contrib uting to healthy aging to enhance the quality of life for older adults BSHRI conducts res earch, clinical care, prevention and education in memory disorders such as Alzheimers and movement disorders, such as Parkinsons disease and basic science research in cardiovascula r disease At BSHRI, we host the unique Brain and Body Donation program, which provides ti ssue samples to scientists nationwide Banner Research also provides support for the commu nity through our lectures and support groups and provides groundbreaking care through our Cleo Roberts Memory and Movement Disorders Center in addition to helping train the next ge neration of researchers through our summer and school-year internships In 2017, Banner Re search provided the clinical environment with research compliance infrastructure, central IRB, and patient population mix for collaboration with pharmaceutical and biotech companie s, academic and research institutions, in the identification of disease stage biomarkers, development of diagnostic tools, and pertinent prevention and treatment modalities valued at approximately \$11 0 million FINANCIAL CONTRIBUTIONS and IN-KIND DONATIONS Banner is co mmitted to assisting the community financially and through in-kind contributions to indivi duals and/or the community at large In 2017 Banner Health provided the following contribu tions or in-kind donations to support charity care, health professions education and other community benefit activities -Loveland Community Health Center (LCHC) McKee Medical Cent er partners with Sunrise Healthcare to meet the needs of the uninsured and underinsured in Loveland LCHC is committed to providing quality, comprehensive family health care servic es to the community The Loveland Community Health Center opened its doors in 1997 after a community-wide campaign to establish a clinic to provide medical care to at-risk and unde rserved populations in Loveland The Center has had over 219,000 total visits and annually serves over 6,000 individuals The clinic provides primary and preventative health care i n Greeley and northern Colorado McKee Medical Center provides the physical facility and ex pansion, while the Sunrise Group of Greeley provides staffing for the medical clinic Bann er Health provides LCHC with a 13,902 square foot facility free of charge The annual rental value of this gift is estimated to be in excess of \$365,000 -Banner Wheelchair Suns Ba nner University Medical Center - Phoenix, in partnership with the Phoenix Suns and US Airw ays, sponsors the Banner Wheelchair Suns to raise awareness of the capabilities of disable d persons For more than 20 years, Banner Health, along with the Phoenix Suns, has been th e proud sponsor of the Banner</p>

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BAI EMBRACES A THREE- PART MISSION TO	<p>Wheelchair Suns, an extraordinarily successful team in the National Wheelchair Basketball Association. In addition to playing a full schedule of 25 games a year, the team makes more than 30 appearances, participating in fundraisers and visiting local school and youth groups to raise awareness of disability issues. The newest members of the wheelchair teams, the Banner Junior Suns, includes players ages 12 to 18 years old. Junior team members develop more confidence about their abilities, and adults get the benefits of mentoring. The Banner Wheelchair Suns are a part of the National Wheelchair Basketball Association -Project Cure. For many years Banner has worked closely with Project Cure (PC) by donating medical supplies that can no longer be used at Banner facilities, but which can still be used in third world countries. Each facility within Banner sets aside supplies every month which are then secured by PC and inventoried at a local PC site. Once inventoried, these supplies are requested by individuals and missions throughout the world and an incredible need is met. Banner is proud to support this outreach mission that helps millions. In 2017, Banner donated \$2.8 million in supplies to Project Cure.</p>

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-RONALD MCDONALD CHARITIES	<p>Located on the campus of Banner Desert Medical Center, The Ronald McDonald House at Cardon Childrens Medical Center provides a home away from home for families, providing a level of safety and comfort at an incredibly difficult time in their lives and relieving stress by being with other families facing similar challenges. The facility features 16 bedrooms, including three apartments with kitchens for families with children with suppressed immune systems, a community kitchen and dining room, a play area for children and an outdoor area for adults. Through low cost lease subsidies the partnership between Ronald McDonald House and Cardon Childrens Medical Center is vital in the healing process for the children and their families.</p> <p>-Fresh Start Womens Foundation Banner Health provides low-cost lease subsidies to the Fresh Start Women's Foundation. Fresh Start is an Arizona nonprofit whose mission is to empower women to transform their lives through education and engagement. Programs and services focus on three core values: economic self-sufficiency, personal development and education. All of Fresh Starts services are free or low cost and are available to any woman over the age of 18. Fresh Start Women's Foundation has empowered thousands of women to transform their lives.</p> <p>-Employee Giving Better Together Banner Health has a long history of employee giving to support a wide range of health and wellness programs that benefit and improve our community. A partnership between Banner Health Foundation, Casa Grande Community Hospital Foundation, Sun Health Foundation and United Way, Better Together promotes a spirit of philanthropy among employees and enables them to support to a wide range of hospital and community-based programs made possible by charitable contributions. Among the many services and resources supported by philanthropic gifts are bereavement camps for children, free health services for uninsured school children, and breast disease prevention and treatment services for uninsured women. The following organizations are representative of those receiving financial, in-kind or volunteer donations from Banner in 2017:</p> <p>-Aims Community College -American Cancer Society -American Foundation for Suicide Prevention -American Heart Association -American Liver Association -American Liver Foundation -American Stroke Association -Arizona Congenital Heart Walk -Ben's Bells -Cascade Foundation -Children's Action Alliance -City of Torrington DARE -Community Foundation of Northern Colorado -Community Healthcare Foundation -Eastern Wyoming College Foundation -Esperanza -Family Health Matters Community Health Education -Goshen County DARE -Greater Tucson Fire Foundation -Integrative Touch for Kids -Leukemia & Lymphoma Society -Logos School -Make A Wish -March of Dimes -March of Dimes Foundation -McKee Hope Lives -McKee Pathways Hospice - NAMI Southern Arizona -National Multiple Sclerosis Society -NCMC Foundation -NCMC Hope Lives -Northern California Cancer</p>

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-RONALD MCDONALD CHARITIES	<p>Advocates -Northern Colorado United for Youth -Payson Community Garden -Regional West Foundation -Ronald McDonald House Charities -Ronald McDonald House Southern Arizona -SAVA Center -The Success Foundation -Town of Gilbert Wellness Fair -Tucson Stroke Leadership -United Way -Weld Area Agency on Aging -Weld County School -WMC American Cancer Society -Relay for Life -WMC Playing for Hope Basketball Tournament -Women 2 Women -YMCA COMMUNITY BUILDING As a good corporate citizen and partner, Banner is involved in a number of activities designed to promote community health and address community needs including community health improvement advocacy, housing, economic development, coalition building, community health advocacy, leadership development, workforce development and enhancement, and disaster preparedness. Banner employees are encouraged to, and recognized for, serve and participate on community boards and task forces and Banner frequently provides facility usage to community non-profits. These activities are not included elsewhere on schedule H. The following are but a few ways in which Banner promotes, protects or improves community health and safety -Economic and Leadership Development Banner Health leaders embrace stewardship as a guiding philosophy of their respective management roles. Banner equips its leaders to serve and support the communities it serves and supports the development of these same communities. In an effort to provide leadership, analyze community needs and support business expansion Banner has historically been a member and/or event sponsor for numerous organizations including Rotary, Soroptimist and numerous economic development councils and Chambers of Commerce -Community Support and Coalition Building Banner's supports and partners with numerous community agencies in support of community initiatives. Banner is also represented at various events and coalitions designed to enhance community health. Banner supported teen health education and safety through donations to club and team events, expanded appreciation of the arts and increased cultural and environmental awareness for local residents by support to various community organizations. Examples of these partnerships include</p>

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-Bark in the Park	<p>-Christmas Basket Donations -Churchill Community Coalition Color Run -Churchill County Bike Club -Churchill County High School -Cochise County Bicycle Rodeo -Color Run -Community Food Bank -Fallon Daily Bread -Fallon Fall Ball Baseball Tournament -Fallon Festival Association, Inc. - Sponsorship -Fallon Food Hub -Fallon Lions Club -Fallon Mayor's Youth Fund - Fallon Youth Club -FFA -Goshen Community Theatre Inc. -Goshen County 2 Shot Annual Goose Hunt -Goshen County Fair Association -Goshen County Youth Soccer -Greeley Independence Stompede -Greeley Philharmonic Orchestra -Guernsey High School -Hero's 5k Run -Kiwanis -Lassen County Fair -Lassen County Food Council -Lassen High School -Lingle Ft Laramie High School -McKee Daycare Center Services -McKee LHPAC (High Plains Art Council) -Northside Partners in Education -Phoenix Rescue Mission -Platte County Fair and Rodeo Parade -Southeast High School -Susanville Symphony Society -Torrington and Lingle Ft Laramie High School -Torrington Elks Little Britches Rodeo -Torrington Farmers Market -Torrington High School -Torrington Shrine Club -Torrington Tiger Legion Baseball -Valley Christian School -Wyoming Hospital Association -Physical and Housing Improvements Realizing the importance of the environment on healing, Banner supports efforts to better the living conditions of those in the communities it serves. In 2017, Banner contributed \$10,000 to these efforts. -Work Enhancement Banner actively recruited physicians to serve in Federal medically underserved areas. In 2017, approximately \$112,000 was invested to enhance community workforce. -Disaster Preparedness In 2017, Banner provided disaster training and education opportunities to community residents and first responders. These activities included evacuation and decontamination training, bomb threats, emergency disaster drills, community decontamination efforts, natural disaster planning, emergency management incident command, and mass casualty exercises all aimed at improving safety awareness for residents and ensuring health care providers, local businesses and agencies, emergency responders and citizens know what to do in a large-scale disasters. -Holiday Helper Working as teams, Banner departments pooled resources to provide food, clothing and gifts for needy local families and children during the holiday season. -Clothing and Food Drives Employees around the system unite to assist those in the community less fortunate than themselves. Of particular note are the annual coat drive held at Banner Lassen Medical Center and the various food drives held to support the local communities. In addition, appeals are made to assist that population of patients who live under challenging circumstances, and often when they arrive to our facilities, their clothing may be lost or destroyed in the process of their care, or simply may need a refresh. -United Blood Services Banner partnered with UBS to provide community blood drives to support local blood shortages.</p>

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-Bark in the Park	<p>Employees coordinated the drives and managed donation sites during work hours In 2017, numerous hours were donated to this endeavor -Space Usage Banner facilities provided meet ing room, electronic teleconference technology, and other space for various community grou ps Without these generous in-kind donations, these organizations would be required to exp end funds, funds needed in support of their missions for space rental -Toy Closets Toys h ave an amazing way of making kids smile, distracting them during unpleasant times and help ing them look past their pain Thats why Banner created toy closets at Banner hospitals st ocked with new, unused toys for pediatric patients of all ages Made possible by monetary and toy donations from individuals, school and youth organizations, businesses and corpora tions, these toy-filled havens enable our young patients to find fun and joy during their hospital experience Patients visit the closets following treatments and procedures to cho ose a toy as a reward for their bravery From dolls and stuffed animals, to coloring books , video games, craft kits and more, the donated items make a difference for our young pati ents</p>

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FORM 990, PART VI, LINE 2	QUENTIN SMITH AND CHRIS VOLK HAVE A BUSINESS RELATIONSHIP DENNIS DAHLEN, RONALD BUNNELL, AND CHARLES LEHN HAVE A BUSINESS RELATIONSHIP AS OFFICERS/DIRECTORS OF MEDISUN AND VERITAGE RONALD BUNNELL AND KATHY BOLLINGER HAVE A BUSINESS RELATIONSHIP AS OFFICERS/DIRECTORS OF SONORA QUEST LABORATORIES

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FORM 990, PART VI, LINE 11b	<p>BANNER HEALTH'S (BH) VICE PRESIDENT OF FINANCE & CHIEF FINANCIAL OFFICER ARE RESPONSIBLE FOR OVERSEEING THE PROCESSES FOR PREPARING THE FORM 990. THE BANNER HEALTH FINANCE DEPARTMENT TAKES THE LEAD ROLE IN THE PROCESS AND IS CHARGED WITH THE DUTY TO COLLECT THE FINANCIAL AND OTHER INFORMATION NEEDED TO COMPLETE THE FORM 990. THIS INCLUDES COORDINATING WITH OTHER BH DEPARTMENTS, SUCH AS THE LEGAL, PAYROLL, GOVERNMENT RELATIONS, LICENSING, COMMUNITY BENEFIT, COMPENSATION AND BENEFITS, ACCOUNTS PAYABLE, RISK MANAGEMENT, CERTIFICATION, CREDENTIALING, FINANCIAL SERVICES AND TREASURY DEPARTMENTS IN ORDER TO ENSURE THAT THE EXPERTISE OF EACH DEPARTMENT IS UTILIZED IN THE INFORMATION-GATHERING PROCESS. ONCE THE INFORMATION IS GATHERED, IT IS ORGANIZED AND ASSEMBLED INTO AN ORGANIZER THAT WILL BE USED BY AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990. BH HAS AUDITED FINANCIAL STATEMENTS PREPARED ANNUALLY BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM AND USES THIS SAME FIRM TO PREPARE ITS FORM 990 BECAUSE OF ITS EXPERTISE IN NON-PROFIT HOSPITAL SYSTEMS AND ITS SPECIFIC KNOWLEDGE OF BH'S OPERATIONS AND RETURN COMPLEXITY. THE BH FINANCE DEPARTMENT ALSO EMPLOYS AN INTERNAL STAFF OF TAX SPECIALISTS. THESE TAX SPECIALISTS ACT AS LIAISONS BETWEEN THE ACCOUNTING FIRM AND BH'S SENIOR MANAGEMENT DURING THIS STAGE OF THE PROCESS. DURING THIS STAGE, THE TAX PREPARER REVIEWS THE INFORMATION AND WORKS WITH BH'S INTERNAL TAX STAFF TO ANSWER QUESTIONS, GATHER ADDITIONAL INFORMATION AND ADDRESS ISSUES THAT MAY ARISE. ONCE THE INFORMATION GATHERING PROCESS IS COMPLETE, A FIRST DRAFT OF THE FORM 990 IS PREPARED AND READY FOR REVIEW. THE REVIEW PROCESS BEGINS WITH AN INITIAL REVIEW DONE BY A COMMITTEE CONSISTING OF BANNER HEALTH'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND OTHER MANAGEMENT MEMBERS FROM THE FINANCE AND FINANCIAL SERVICES DEPARTMENTS AND REPRESENTATIVES FROM THE OUTSIDE TAX PREPARER'S FIRM. A LINE-BY-LINE REVIEW OF THE FORM 990 IS DONE BY THIS COMMITTEE. DURING THIS REVIEW, A LIST OF QUESTIONS, ISSUES AND ADDITIONAL TASKS IS COMPILED. THIS LIST IS THEN DISSEMINATED TO THE APPROPRIATE BH DEPARTMENTS FOR FURTHER ACTION. ONCE ALL QUESTIONS, ISSUES AND TASKS HAVE BEEN COMPLETED, A SECOND REVIEW BY THE COMMITTEE IS DONE. AGAIN, IF APPLICABLE, A LIST OF QUESTIONS, ISSUES AND ADDITIONAL TASKS IS COMPILED. THIS LIST IS THEN DISSEMINATED TO THE APPROPRIATE BH DEPARTMENTS FOR FURTHER ACTION. ONCE THIS SECOND REVIEW PROCESS IS COMPLETED, A FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE CHIEF LEGAL OFFICER & GENERAL COUNSEL AND CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL. CHANGES TO THE FORM 990 ARE MADE IF NECESSARY AND APPROVAL IS GRANTED TO SEND THE FORM 990 TO THE BOARD MEMBERS. EACH MEMBER OF THE BOARD IS THEN SENT THE DRAFT FORM 990 ALONG WITH AN EXECUTIVE SUMMARY OF KEY ITEMS REPORTED IN THE FORM 990. ANY ISSUES ARE ADDRESSED AND RESOLVED AND THE FINAL VERSION OF THE FORM 990 IS SIGNED BY THE CFO OR ANOTHER OFFICER IF REQUIRED TO MEET TIMELY FILING.</p>

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FORM 990, PART VI, LINE 11b	NG REQUIREMENTS THE AUDIT COMMITTEE DISCUSSES THE 990 PROCESS AT VARIOUS TIMES DURING THE YEAR TO DETERMINE THAT THE PROCESS IS APPROPRIATE

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FORM 990, PART VI, LINE 12C	<p>PURSUANT TO BANNER HEALTH'S (BH) CONFLICT OF INTEREST POLICY, ALL BOARD MEMBERS, OFFICERS AND THE DIRECTOR OF AUDIT SERVICES MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST THAT MAY GIVE RISE TO A CONFLICT OF INTEREST PROMPTLY TO THE BOARD AUDIT COMMITTEE. THE COMMITTEE MUST THEN CONSIDER THE DISCLOSED INTEREST AND EITHER AUTHORIZE THE CONTINUATION OF THE POTENTIAL FINANCIAL INTEREST AND ANY RELATED TRANSACTION WITH APPROPRIATE PROTECTIONS, OR DISAPPROVE OF IT. OTHER BH EMPLOYEES MUST GO THROUGH A SIMILAR PROCESS OF DISCLOSURE TO THEIR RESPECTIVE SUPERVISOR AND TO THE DIRECTOR OF AUDIT SERVICES, WHO MAINTAINS ALL OF THE DISCLOSED FINANCIAL INTERESTS/CONFLICTS. IN ADDITION, ALL BOARD MEMBERS, OFFICERS, VICE PRESIDENTS, AND OTHER SELECTED MEMBERS OF MANAGEMENT, KEY EMPLOYEES AND EMPLOYED PHYSICIANS MUST COMPLETE AN ANNUAL SURVEY THAT IS DISTRIBUTED ELECTRONICALLY UNDER THE SUPERVISION OF THE DIRECTOR OF AUDIT SERVICES. THE SURVEY INCLUDES A QUESTIONNAIRE THAT IS DESIGNED TO IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, AS WELL AS OTHER TRANSACTIONS AND RELATIONSHIPS REQUIRED TO BE DISCLOSED IN THE FORM 990 AND SCHEDULE L. MEMBERS OF EXECUTIVE MANAGEMENT ARE ALSO REQUIRED TO COMPLETE A QUARTERLY QUESTIONNAIRE MANAGED UNDER THE SUPERVISION OF THE DIRECTOR OF AUDIT SERVICES. THIS QUESTIONNAIRE IS PRIMARILY DESIGNED TO IDENTIFY WEAKNESSES IN INTERNAL CONTROLS OR ACCOUNTING, BUT ALSO REQUIRES DISCLOSURE OF ANY KNOWLEDGE BY THE RESPONDING MANAGER OF ANY VIOLATIONS OF BH'S CONFLICT OF INTEREST POLICY. THE DIRECTOR OF AUDIT SERVICES COMPILES A SUMMARY OF THE CONFLICT OF INTEREST DISCLOSURES OBTAINED THROUGH THE ANNUAL SURVEY PROCESS INVOLVING BOARD MEMBERS OR OFFICERS. THIS SUMMARY IS REVIEWED WITH BH'S GENERAL COUNSEL TO DETERMINE THE APPROPRIATE ACTION TO BE TAKEN UNDER CONFLICT OF INTEREST POLICY. IN ADDITION, THE DIRECTOR REVIEWS THE SUMMARY ANNUALLY WITH THE BOARD AUDIT COMMITTEE IN ORDER TO ENSURE THAT ALL DISCLOSED ACTUAL OR POTENTIAL CONFLICTS HAVE BEEN REVIEWED AND PROCESSED APPROPRIATELY UNDER THE CONFLICT OF INTEREST POLICY.</p>

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FORM 990, PART VI, LINE 15	<p>BANNER HEALTH UTILIZES A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT DIRECTORS THAT EXERCISES OVERSIGHT OVER ALL ASPECTS OF THE COMPENSATION PAID TO OR FOR THE BENEFIT OF THE PRESIDENT AND CEO AND ALL OTHER SENIOR EXECUTIVES OF BANNER HEALTH AND ANY OF ITS AFFILIATES AND ALL OTHER PERSONS WHO CONSTITUTE "DISQUALIFIED PERSONS" WITH RESPECT TO BANNER HEALTH UNDER CODE SECTION 4958. THE COMMITTEE - ASSESSES ANNUALLY THE PERFORMANCE OF THE PRESIDENT AND CEO - EXERCISES OVERSIGHT OVER ALL ASPECTS OF COMPENSATION FOR THE PRESIDENT AND CEO - REVIEWS AND DETERMINES THE EXECUTIVE TOTAL COMPENSATION PHILOSOPHY OF BANNER HEALTH - ESTABLISHES THE PERMISSIBLE RANGES OF COMPENSATION FOR SENIOR EXECUTIVES AND DISQUALIFIED PERSONS - REVIEWS AND APPROVES THE DESIGN OF THE COMPONENTS OF COMPENSATION FOR SENIOR EXECUTIVES AND ANY OTHER DISQUALIFIED PERSONS AND MONITORS COMPLIANCE OF BANNER HEALTH WITH THE PHILOSOPHY AND DESIGN COMPONENTS OF EXECUTIVE COMPENSATION - RECEIVES THE PRESIDENT AND CEO'S REPORT CONCERNING THE OVERALL PERFORMANCE AND DEVELOPMENT ASSESSMENT OF THE SENIOR EXECUTIVES - ACTS FOR THE BOARD IN THE ENGAGEMENT AND DIRECT OVERSIGHT OF EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS ENGAGED TO PROVIDE ADVICE AND INFORMATION WITH RESPECT TO THE REASONABLENESS AND COMPETITIVENESS OF THE COMPENSATION PAID TO THE PRESIDENT AND CEO, SENIOR EXECUTIVES AND ANY OTHER DISQUALIFIED PERSONS, WHICH CONSULTANT REPORTS DIRECTLY TO THE COMMITTEE. IN ADDITION, THE COMMITTEE HAS ADOPTED THE FOLLOWING BEST PRACTICES WITH RESPECT TO ITS EXECUTIVE COMPENSATION OVERSIGHT FUNCTION - REVIEWS ALL INCENTIVE PLANS, BENEFIT PLANS AND PROGRAMS THAT APPLY TO EMPLOYEES AND PHYSICIANS - APPROVES THE PRESIDENT AND CEO'S RECOMMENDATIONS AS TO THE COMPENSATION OF SENIOR EXECUTIVES - USES TALLY SHEETS SUMMARIZING ALL COMPONENTS OF THE CEO'S AND SENIOR EXECUTIVES' COMPENSATION, INCLUDING A THREE-YEAR EARNINGS HISTORY AND THE COST OF ALL COMPENSATION (INCLUDING SPECIFICALLY DEFERRED COMPENSATION) AT THE TIME THAT ANY ACTION IS TAKEN WITH RESPECT TO THE CEO'S OR SENIOR EXECUTIVES' COMPENSATION IN ORDER TO ENSURE THAT THE COMMITTEE IS FULLY INFORMED OF THE COMPLETE COMPENSATION PACKAGE BEFORE TAKING ANY SUCH ACTION - REVIEWS THE ANNUAL FORM 990 DISCLOSURES RELATING TO EXECUTIVE COMPENSATION TO ENSURE THE DISCLOSURES ACCURATELY RECONCILE TO THE COMPENSATION PACKAGES APPROVED BY THE COMMITTEE. AS STATED, THE COMPENSATION COMMITTEE RETAINS AN EXTERNAL INDEPENDENT COMPENSATION CONSULTING FIRM TO ASSIST THE COMMITTEE. IN 2011, THE COMMITTEE ENGAGED A NATIONALLY RECOGNIZED COMPENSATION CONSULTING FIRM WITH SUBSTANTIAL HEALTHCARE EXPERIENCE. THIS FIRM REVIEWED AND OPINED AS TO THE REASONABLENESS OF THE TOTAL COMPENSATION PACKAGE OF THE PRESIDENT AND CEO, SENIOR EXECUTIVE MANAGEMENT, AND OTHER EXECUTIVE MANAGEMENT IDENTIFIED BY THE COMMITTEE AS POTENTIAL DISQUALIFIED PERSONS. THE COMMITTEE PERIODICALLY REVIEWS THE RELATIONSHIP BETWEEN BANNER HEALTH AND EACH CONSULTANT TO ENSURE THE CONSULTANT</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>T'S INDEPENDENCE IN CONNECTION WITH EACH SUCH EVALUATION, THE COMMITTEE REQUESTS A WRITTE N CERTIFICATION FROM EACH CONSULTANT THAT - INCLUDES AN INDEPENDENCE ATTESTATION AFFIRMIN G THAT THE CONSULTANT HAS CONDUCTED ITS OWN INTERNAL ASSESSMENT AND, BASED ON SUCH ASSESSM ENT AND ITS INTERNAL CONTROLS, CONCLUDED THAT IT HAS PERFORMED ITS SERVICES FOR THE COMMIT TEE IN AN INDEPENDENT MANNER AND IS INDEPENDENT AS DEFINED IN THE INTERMEDIATE SANCTION RE GULATIONS UNDER CODE SECTION 4958 - CONFIRMS THAT THE CONSULTANT REPORTS TO THE COMMITTEE THROUGH THE CHAIR OF THE COMMITTEE AND THAT ALL CONSULTING ACTIVITY FOR BANNER HEALTH COND UCTED BY SUCH CONSULTANT DURING THE PRECEDING YEAR WAS CONDUCTED WITH THE KNOWLEDGE AND CO NSENT OF THE CHAIR OF THE COMMITTEE - DETAILS THE AMOUNTS PAID BY BANNER HEALTH TO THE CON SULTANT IN ITS CAPACITY AS AN EXTERNAL COMPENSATION CONSULTANT TO THE COMMITTEE, AND THE A MOUNTS PAID BY BANNER HEALTH, IF ANY, TO THE CONSULTANT AND ITS AFFILIATES FOR ANY OTHER E NGAGEMENTS WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT, THE COMPENSATI ON COMMITTEE ANNUALLY REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO, AND RECOMMENDS ADJ USTMENTS TO HIS BASE SALARY AS DEEMED APPROPRIATE BASED UPON THE REVIEW, SUBJECT TO CONFIR MATION FROM THE CONSULTANT (WHO ATTENDS SUCH MEETING) THAT THE RECOMMENDATION IS APPROPRIA TE AND WILL NOT RESULT IN THE OVERALL COMPENSATION OF THE PRESIDENT AND CEO BECOMING UNREA SONABLE IN ORDER TO ENSURE THAT THE COMPENSATION DECISION IS SUBJECT TO THE ACTION OF IND EPENDENT DIRECTORS, THE BOARD MAY NOT APPROVE A SALARY ACTION DIFFERENT FROM THAT RECOMMEN DED BY THE COMPENSATION COMMITTEE WITHOUT THE CONCURRENCE OF THE COMMITTEE THE PRESIDENT AND CEO ESTABLISHES THE BASE SALARY OF THE EXECUTIVES WHO DIRECTLY REPORT TO HIM, AND THOS E EXECUTIVES IN TURN ESTABLISH THE BASE SALARY OF THOSE INDIVIDUALS WHO REPORT TO THEM AL L BASE SALARIES ARE, HOWEVER, BASED UPON POSITION-SPECIFIC MARKET DATA PROVIDED BY THE BAN NER COMPENSATION AND BENEFITS DEPARTMENT THESE RANGES ARE ESTABLISHED IN ACCORDANCE WITH AN EXECUTIVE COMPENSATION PHILOSOPHY THAT IS ESTABLISHED, AND PERIODICALLY REVIEWED, BY TH E COMPENSATION COMMITTEE ANNUAL EQUITY ADJUSTMENTS MAY BE MADE UPON APPROVAL OF THE PRESI DENT AND CEO AND BASED UPON SPECIFIC MARKET DATA THE COMPENSATION COMMITTEE RECEIVES AN ANNUAL REPORT FROM THE COMPENSATION AND BENEFITS DEPARTMENT SHOWING THAT BASE SALARIES ARE BEING MAINTAINED CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COM MITTEE AS STATED IN THE RESPONSE TO SCHEDULE J, PART I, LINE 7, THE SIGNIFICANT NON-FIXED COMPONENTS OF THE COMPENSATION OF THE PRESIDENT AND CEO AND OTHER SENIOR MANAGEMENT ARE E STABLISHED AND MONITORED BY THE COMPENSATION COMMITTEE WITH THE ASSISTANCE OF THE INDEPEND ENT COMPENSATION CONSULTANT AND ARE INCLUDED IN THE ANNUAL REASONABLENESS OPINION RENDERED BY THE INDEPENDENT COMPENSATION CONSULTANT CONTEMPORANEOUS MINUTES ARE KEPT OF ALL MEETI NGS OF THE COMPENSATION COMMIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	TEE AND OF THE ACTIONS OF THE BOARD OF DIRECTORS IN APPROVING THE COMPENSATION OF PRESIDENT T AND CEO AND REVIEWING AND MONITORING THE COMPENSATION FOR ALL OTHER SENIOR EXECUTIVES AND TOP MANAGEMENT THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURNS ARE AVAILABLE UPON REQUEST COPIES ARE MAINTAINED AT EACH ADMINISTRATIVE OFFICE AND IN THE LEGAL AND TAX DEPARTMENTS THE ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC AND THEREFORE THEY ARE NOT MADE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY TRANSFERS \$(92,080,208) RESTRICTED CONTRIBUTIONS \$ 22,413,047 ----- TOTAL \$(69,667,161)

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As Filed Data -

DLN: 93493316031658

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Banner Health

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

45-0233470

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

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.							
See Additional Data Table							
(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

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.

See Additional Data Table

(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
(1) Banner Plan Administration Inc 445 W 5th Place Suite 101 Mesa, AZ 85201 86-0800246	3RD PARTY ADMIN	AZ	Banner Health	C Corp	54,305,975	290,124	100 000 %	Yes	
(2) Banner Indemnity Ltd 2901 N Central Ave Suite 160 Phoenix, AZ 85012 45-0233470	Investments	AZ	Banner Health	Foreign Corp	10,336,285	170,473,336	100 000 %	Yes	
(3) Banner Health Network 2901 N Central Ave Suite 160 Phoenix, AZ 85012 90-0750689	Accountable Care	AZ	Banner Health	C Corp	586,987,493	25,961,045	100 000 %	Yes	
(4) THE UNIV OF AZ HEALTH PLANS-U HEALTHCARE 2901 N Central Ave Suite 160 Phoenix, AZ 85012 45-4370907	Health Insurance	AZ	Banner Health	C Corp	3,001	3,645,356	100 000 %	Yes	

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	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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
SCHEDULE R, PART III	BANNER DESERT SURGERY CENTER, LP EIN 72-1561346 ADDRESS 1500 S DOBSON ROAD, SUITE 101, MESA AZ 85202 SURGICENTER OF AMERICA, L P EIN 75-2528938 ADDRESS 1040 E MCDOWELL ROAD, PHOENIX AZ 85006 SONORA QUEST LABORATORIES, LLC EIN 86-0872873 ADDRESS 1255 WEST WASHINGTON, TEMPE AZ 85281 PARTNERS IN INTEGRATED HEALTH, LLC EIN 61-1700965 ADDRESS 2901 N CENTRAL AVE, SUITE 160, PHOENIX, AZ 85006 BANNER ARIZONA ASC, LLC EIN 90-0532830 ADDRESS 525 W BROWN ROAD, MESA, AZ 85201 DGV Enhanced US Equity Fund, LLC EIN 47-2398930 Address 10 Second Street NE, Suite 200, Minneapolis, MN 55413 Banner Union Hills Surgery EIN 90-1164193 Address 2901 N Central Avenue, Suite 160, Phoenix, AZ 85012 BHSM Rehabilitation, LLC EIN 82-3481322 Address 2901 N Central Avenue, Suite 160, Phoenix, AZ 85012



Additional Data

Software ID:
Software Version:
EIN: 45-0233470
Name: Banner Health

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
1748 LLC 655 E River Road Tucson, AZ 85704 45-0233470	Inactive	AZ	0	0	BUMC TUCSON
Banner Estrella Surgery Center 9301 W Thomas Road Phoenix, AZ 85037 20-0226688	Inactive	DE	0	0	BANNER SURG
Banner Imaging Associates PLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 20-4392289	Inactive	AZ	0	0	BANNER HLTH
Banner Network Colorado LLC 7251 W 4th Street Greeley, CO 80634 90-1119093	Health Svcs	CO	1,357,695	2,269,471	BANNER HLTH
Banner Pharmacy Services LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1025110	Medical SvCS	AZ	124,532,218	48,567,844	BANNER HLTH
Banner Surgery Centers LLC 525 W Brown Road Mesa, AZ 85201 86-0788300	SURGERY CTR	AZ	1,915	2,475,682	BANNER HLTH
Banner Urgent Care Services LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1133689	Medical Svcs	AZ	38,116,083	24,378,009	Banner Hlth
BANNER-UNIV MED CTR SOUTH CAMPUS LLC 2800 E Ajo Way Tucson, AZ 85713 90-1074558	Medical Svcs	AZ	180,494,364	96,936,128	Banner Hlth
BANNER-UNIV MED CTR TUCSON CAMPUS LLC 1501 N Campbell Ave Tucson, AZ 85724 90-1074557	Medical Svcs	AZ	749,522,369	805,335,767	Banner Hlth
BANNER-UNIV MED CRISIS RESPONSE CTR 2802 E District Street Tucson, AZ 85714 90-1116155	Medical Svcs	AZ	24,359,429	19,671	Banner Hlth
BFCMC Outpatient Services LLC 4700 Lady Moon Drive Fort Collins, CO 85028 90-1119706	Medical Svcs	CO	0	0	BANNER HLTH
B-UMCP Hospital Based Physicians LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1116751	Medical Svcs	AZ	0	0	Banner Hlth
B-UMCP Physician Specialists LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1116753	Medical Svcs	AZ	0	0	Banner Hlth
B-UMCP Primary Care Physicians LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1116752	Medical Svcs	AZ	0	0	Banner Hlth
B-UMCP Super Specialists LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1116750	Medical Svcs	AZ	0	0	Banner Hlth
Healthcare Partners Arizona LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 46-1904106	Inactive	AZ	0	0	Banner Hlth
HEALTHCARE PARTNERS AZ MEDICAL GROUP LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 47-1581286	Medical svcs	AZ	0	7,891	Banner Hlth
Horizon Laboratory LLC 2555 East 13th Street Greeley, CO 80537 90-0471017	Laboratory	CO	6,368,096	358,505	Banner Hlth
Laboratory Sciences of Arizona LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 86-0833952	Laboratory	AZ	119,612	-14,988,778	Banner Hlth
Loveland Medical Enterprises LLC 2000 N Boise Avenue Loveland, CO 80538 47-0909771	mob	CO	471,501	20,213,903	MCKEE MED H

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Loveland Surgical Enterprise 2555 East 13th Street Greeley, CO 80537 14-1885420	Surgery Ctr	CO	3,440,839	-81,450	MCKEE MED H
McKee Medical Holdings LLC 1801 16th Street Greeley, CO 80631 90-0078450	Holding Co	CO	440,859	1,293,412	Banner Hlth
MMC Outpatient Services LLC 2000 N Boise Avenue Loveland, CO 80538 90-1119705	Inactive	CO	0	0	Banner Hlth
MOUNTAIN VISTA ORTHOPAEDIC SURGERY CTR 5890 W 13th Street Suite 102 Greeley, CO 90834 71-0936920	OP SURG CTR	CO	3,325,784	1,264,716	Banner Hlth
Banner Northern Colorado Imaging LLC 1801 16th Street Greeley, CO 80631 90-1119704	Inactive	CO	0	0	Banner Hlth
Neighborhood Physician Alliance LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1138165	Inactive	AZ	0	2,602,551	Banner Hlth
Tucson SRS Leasing LLC 1501 N Campbell Ave Tucson, AZ 85724 20-5641701	Inactive	AZ	0	0	BUMC TUCSON
Banner Ambulatory Provider Group Co 1801 16th Street Greeley, CO 80631 90-1184300	Medical Svcs	CO	0	0	Banner Hlth
Banner Ambulatory Provider Group LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1186214	Medical Svcs	AZ	0	0	Banner Hlth
Banner Estrella Surgery Center LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1183954	OP SURG CTR	AZ	750,753	2,834,215	Banner Hlth
Banner Medical Clinic Guernsey LLC 1 Whalen Guernsey, WY 82214 45-0233470	Medical Svcs	WY	0	0	Banner Hlth
Banner Medical Clinic Torrington LLC 625 Albany Avenue Torrington, WY 82240 90-1141631	Medical Svcs	WY	0	0	Banner Hlth
Banner Medical Clinic Wheatland LLC 1551 Brice Street Cheyenne, WY 82001 90-1141632	Medical Svcs	WY	0	0	Banner Hlth
Banner Mesa Surgery Center LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1182682	OP SURG CTR	AZ	2,012,538	3,769,867	Banner Hlth
Banner Occupational Health-Onsite LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 61-1700965	Medical Svcs	AZ	0	0	Banner Hlth
Banner Peoria Surgery Center LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1182685	OP SURG CTR	AZ	199,539	373,662	Banner Hlth
Banner Phoenix Surgery Center LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1182683	OP SURG CTR	AZ	1,158,446	3,106,918	Banner Hlth
Banner Quick Care LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1166793	Medical Svcs	AZ	75,455	88,893	Banner Hlth
Banner Sun City West Surgery Center LLC 2901 N Central Ave Ste 160 Phoenix, AZ 850122702 90-1182684	OP SURG CTR	AZ	150,064	893,762	Banner Hlth
Banner Union Hills Surg CTR(thru 817) 2901 N Central Ave Ste 160 Phoenix, AZ 85012 90-1164193	Medical Svcs	AZ	1,712,997	0	Banner Hlth

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Supply Chain Value Network LLC 2901 N Central Ave Ste 160 Phoenix, AZ 85012 45-0233470	Medical Svcs	AZ	500,174	0	Banner Hlth
Banner Occupational Health Colorado LLC 1801 16th Street Greeley, CO 80631 90-1184991	Medical Svcs	CO	0	0	Banner Hlth
Banner Quick Care Colorado LLC 1801 16th Street Greeley, CO 80631 90-1184992	Medical Svcs	CO	0	0	Banner Hlth
BTMC MOB LLC 2901 N CENTRAL AVE STE 160 PHOENIX, AZ 85012 90-1026040	INACTIVE	DE	0	0	BANNER HLTH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
2901 N Central Ave Suite 160 Phoenix, AZ 85012 20-4862361	Support	AZ	501(C)(3)	7	Banner Hlth	Yes	
2901 N Central Ave Suite 160 Phoenix, AZ 85012 94-2545356	Support	AZ	501(C)(3)	7	Banner Hlth	Yes	
2901 N Central Ave Suite 160 Phoenix, AZ 85012 90-0532830	Medical Svcs	AZ	501(C)(3)	3	Banner Hlth	Yes	
2901 N Central Ave Suite 160 Phoenix, AZ 85012 90-0532831	Medical Svcs	CO	501(C)(3)	3	Banner Hlth	Yes	
1800 E Florence Blvd Casa Grande, AZ 85122 31-1726569	Support	AZ	501(C)(3)	3	Banner Hlth	Yes	
2901 N CENTRAL AVE SUITE 160 Tucson, AZ 85756 94-2958258	Medical svcs	AZ	501(C)(3)	3	Banner Hlth	Yes	
2901 N Central Ave Suite 160 Phoenix, AZ 85012 46-3766901	Health Ins	AZ	501(C)(3)	10	Banner Hlth	Yes	
2901 N Central Ave Suite 160 Phoenix, AZ 85012 46-3757358	Health Ins	AZ	501(C)(3)	10	Banner Hlth	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
Banner Desert Surgery Center L P 1500 S Dobson Road Mesa, AZ 85202 72-1561346	OP SURGERY CTR	DE	Banner Surgery	Related	-426,972	0		No	0	Yes		0 %
Surgicenter of America LP 1040 E McDowell Road Phoenix, AZ 85006 75-2528938	OP SURGERY CTR	AZ	Banner Surgery	Related	-863,692	0		No	0	Yes		0 %
Sonora Quest Laboratories LLC 1255 West Washington Tempe, AZ 85281 86-0872873	Laboratory	AZ	Lab Science AZ	Related	25,466,680	51,869,041		No	0	Yes		51 000 %
Partners in Integrated Health LLC 2901 N Central Avenue Suite 160 Phoenix, AZ 85012 61-1700965	Management sVCS	AZ	Banner Health	Related	0	0		No	0	Yes		75 000 %
Banner Arizona ASC LLC 525 W Brown Road Mesa, AZ 85201 90-0532830	OP SURGERY CTR	TN	Banner Health	Related	-434,857	0		No	0	Yes		0 %
DGV Enhanced US Equity Fund LLC 10 Second Street NE Suite 200 Minneapolis, MN 55413 47-2398930	Investments	MN	Banner Health	Related	16,386,654	131,902,731		No	0		No	28 735 %
Banner Union Hills Surgery Center LLC 2901 N Central Avenue Suite 160 Phoenix, AZ 85012 90-1164193	Medical services	AZ	Banner Health	Related	-181,525	1,795,953		No	0	Yes		51 000 %
BHSM Rehabilitation LLC 2901 N Central Avenue Suite 160 Phoenix, AZ 85012 82-3481322	Medical Services	DE	Banner Health	Related	0	1,361,000		No	0	Yes		51 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Banner Alzheimer's Foundation	c	7,528,730	FMV
Banner Desert Surgery Center	e	1,443,029	FMV
Banner Desert Surgery Center	l	342,924	FMV
Banner Health Network	a	358,712	FMV
Banner Health Network	l	282,524,790	FMV
Banner Indemnity LTD	m	2,494,319	FMV
Banner Medical Group	a	1,899,721	FMV
Banner Medical Group	j	7,468,325	FMV
Banner Medical Group	l	29,924,133	FMV
Banner Medical Group	m	117,922,995	FMV
Banner Medical Group	p	9,802,725	FMV
Banner Medical Group Colorado	a	5,131,697	FMV
Banner Medical Group Colorado	l	12,283,732	FMV
Banner Medical Group Colorado	m	53,058,594	FMV
Banner Medical Group Colorado	p	12,834,486	FMV
Banner Plan Administration	l	1,531,143	FMV
Banner Plan Administration	m	17,138,993	FMV
Banner Plan Administration	q	580,726	FMV
Banner Union Hills Surgery Center LLC	d	1,218,102	FMV
Banner Union Hills Surgery Center LLC	l	125,833	FMV
BANNER UNIVERSITY MEDICAL GROUP	a	372,648	FMV
BANNER UNIVERSITY MEDICAL GROUP	l	27,638,994	FMV
BANNER UNIVERSITY MEDICAL GROUP	m	222,570,289	FMV
BANNER UNIVERSITY MEDICAL GROUP	p	24,077,159	FMV
Banner Health Foundation	a	124,493	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Banner Health Foundation	b	642,250	FMV
Banner Health Foundation	c	13,772,372	FMV
Banner Health Foundation	e	314,430	FMV
Banner Health Foundation	l	91,973	FMV
Sonora Quest Laboratories LLC	a	53,328	FMV
Sonora Quest Laboratories LLC	d	3,543,406	FMV
Sonora Quest Laboratories LLC	l	15,718,450	FMV
Sonora Quest Laboratories LLC	q	17,449,123	FMV
Surgicenter of America	e	1,068,934	FMV
Surgicenter of America	l	280,292	FMV
BANNER-UNIVERSITY CARE ADVANTAGE	l	18,804,978	FMV
BANNER-UNIVERSITY FAMILY CARE	l	63,952,854	FMV