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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1560 E SHAW AVENUE

City or town, state or province, country, and ZIP or foreign postal code
FRESNO, CA 93710

D Employer identification number
94-1156276

E Telephone number
(559) 724-4124

G Gross receipts $ 2,057,202,589

F Name and address of principal officer
TIM JOSLIN
1560 E SHAW AVENUE
FRESNO, CA 93710

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 ▶

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

J Website: ▶ WWW COMMUNITYMEDICAL ORG

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

L Year of formation 1947

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FCH&MC MEETS THE MEDICAL NEEDS OF ITS COMMUNITY THROUGH ITS ACUTE-CARE HOSPITALS AND FACILITIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	7,666
6	Total number of volunteers (estimate if necessary)	**6**	818
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,185,797
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-795,548

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,324,552	9,226,671
9	Program service revenue (Part VIII, line 2g)	1,544,053,480	1,730,948,975
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,370,730	13,561,034
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,185,430	7,606,700
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,581,934,192	1,761,343,380
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,562,242	30,021,580
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	708,428,002	716,798,999
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	803,779,193	912,571,044
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,538,769,437	1,659,391,623
19	Revenue less expenses Subtract line 18 from line 12	43,164,755	101,951,757

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,957,245,277	2,160,781,435
21	Total liabilities (Part X, line 26)	764,152,340	895,618,955
22	Net assets or fund balances Subtract line 21 from line 20	1,193,092,937	1,265,162,480

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

****** 2019-07-03
Signature of officer Date

DEBORAH MOFFETT VICE TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRACY S PAGLIA	TRACY S PAGLIA	2019-07-03		P00366884

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318

Firm's address ▶ 3121 W MARCH LN STE 200
STOCKTON, CA 952192367 — Phone no (209) 955-6100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER'S (FCH&MC'S) MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND TO PROMOTE MEDICAL EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,512,173,146 including grants of $ 30,021,580) (Revenue $ 1,730,948,975)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 1,512,173,146

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	Yes	
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		No
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? *If "Yes," complete Schedule H*	**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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	7,666		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its 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?			Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶DEBORAH MOFFETT 1560 E SHAW AVE FRESNO, CA 93710 (559) 459-6000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,847,452	4,568,616	948,876

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,339

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CENTRAL CALIFORNIA FACULTY MEDICAL GROUP 2625 E DIVISADERO STREET FRESNO, CA 93755	MEDICAL	45,307,087
COMMUNITY HOSPITALIST MEDICAL GROUP 7370 N PALM AVE SUITE 101 FRESNO, CA 93711	MEDICAL	33,144,947
COMMUNITY REGIONAL ANESTHESIA 7370 N PALM AVE SUITE 101 FRESNO, CA 93711	MEDICAL	16,038,531
SYNTHES USA PO BOX 32639 PALM BEACH GARDENS, FL 33420	MEDICAL	5,265,319
PATHOLOGY ASSOCIATES PO BOX 2130 CLOVIS, CA 93613	MEDICAL	3,890,501

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 64

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	7,671,757			
	e Government grants (contributions)	1e	1,554,914			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		9,226,671			

Program Service Revenue	Business Code				
2a MEDICAL SERVICE	622110	1,716,519,713	1,716,519,713		
b PHARMACY SALES	446110	12,173,606	7,060,033	5,113,573	
c INCOME FR PARTNERSHIPS	622110	1,958,695	1,958,695		
d GRANTS AND CONTRACTS	622110	296,961	296,961		
e					
f All other program service revenue					
g Total. Add lines 2a–2f		1,730,948,975			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		13,575,927		72,224	13,503,703
4 Income from investment of tax-exempt bond proceeds		293			293
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	295,188,379	655,644			
b Less cost or other basis and sales expenses	295,740,402	118,807			
c Gain or (loss)	-552,023	536,837			
d Net gain or (loss)		-15,186			-15,186
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a HOSPITAL CAFETERIA REV	722320	7,606,700			7,606,700
b					
c					
d All other revenue					
e Total. Add lines 11a–11d		7,606,700			
12 Total revenue. See Instructions		1,761,343,380	1,725,835,402	5,185,797	21,095,510

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	30,021,580	30,021,580		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,553,498		6,553,498	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	373,500	373,500		
7 Other salaries and wages	592,826,901	515,759,404	77,067,497	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,507,540	7,401,560	1,105,980	
9 Other employee benefits	65,946,841	57,373,752	8,573,089	
10 Payroll taxes	42,590,719	37,053,926	5,536,793	
11 Fees for services (non-employees)				
a Management				
b Legal	4,688,927		4,688,927	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,426,852		1,426,852	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	221,505,872	210,237,589	11,268,283	
12 Advertising and promotion	3,338,511		3,338,511	
13 Office expenses	5,321,799		5,321,799	
14 Information technology				
15 Royalties				
16 Occupancy	22,685,347	19,055,692	3,629,655	
17 Travel	824,933	692,943	131,990	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	130,234	130,234		
20 Interest	19,817,000	16,646,280	3,170,720	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,530,000	59,245,200	11,284,800	
23 Insurance	8,965,000	7,530,600	1,434,400	
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	255,603,295	255,603,295		
b MEDI-CAL PROVIDER FEE	130,257,401	130,257,401		
c PROVISION FOR BAD DEBT	113,741,626	113,741,626		
d MINOR EQUIPMENT	36,776,677	36,776,677		
e All other expenses	16,957,570	14,271,887	2,685,683	
25 **Total functional expenses.** Add lines 1 through 24e	1,659,391,623	1,512,173,146	147,218,477	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	53,225,487	2	77,776,426
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	243,988,650	4	253,314,456
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5,477,482	5	5,614,367
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	14,796,360	8	15,407,355
	9	Prepaid expenses and deferred charges	15,691,301	9	43,161,453
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,431,463,675			
	b	Less accumulated depreciation — 10b: 548,857,587	820,331,760	10c	882,606,088
	11	Investments—publicly traded securities	481,466,786	11	586,131,385
	12	Investments—other securities See Part IV, line 11	35,556,318	12	34,547,645
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	286,711,133	15	262,222,260
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,957,245,277	16	2,160,781,435
Liabilities	17	Accounts payable and accrued expenses	162,217,667	17	308,657,385
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	546,397,682	20	535,843,401
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,690,404	23	1,756,520
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	53,846,587	25	49,361,649
	26	**Total liabilities.** Add lines 17 through 25	764,152,340	26	895,618,955
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,193,092,937	27	1,265,162,480
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,193,092,937	33	1,265,162,480
	34	Total liabilities and net assets/fund balances	1,957,245,277	34	2,160,781,435

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,761,343,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,659,391,623
3	Revenue less expenses Subtract line 2 from line 1	3	101,951,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,193,092,937
5	Net unrealized gains (losses) on investments	5	-63,990
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-29,746,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-72,224
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,265,162,480

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990, Part III, Line 4a:

FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER OPERATES THREE ACUTE HOSPITALS AND NUMEROUS OUTPATIENT CENTERS, CLINICS AND OTHER SERVICES WHICH MEET THE HEALTHCARE NEEDS OF THE COMMUNITY SEE SCHEDULE O FOR ADDITIONAL DETAILS - COMMUNITY REGIONAL MEDICAL CENTER CRMC IS A TERTIARY ACUTE CARE FACILITY THAT PROVIDES THE PRIMARY SERVICE AREA AND SECONDARY SERVICE AREA WITH THE FOLLOWING SERVICES (I) THE CENTRAL VALLEY'S ONLY LEVEL I TRAUMA CENTER, (II) THE COMMUNITY REGIONAL BURN CENTER, (III) A LEVEL III NEONATAL INTENSIVE CARE UNIT, (IV) COMPREHENSIVE INPATIENT AND OUTPATIENT SERVICES, INCLUDING TECHNOLOGICALLY ADVANCED MEDICAL/SURGICAL SPECIALTIES SUCH AS CARDIOVASCULAR, NEUROSCIENCE, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S SERVICES, (V) THE COMMUNITY FAMILY BIRTH CENTER, (VI) GENERAL AND SPECIALTY INTENSIVE CARE UNITS, (VII) THE LEON S PETERS REHABILITATION CENTER, (VIII) INPATIENT AND OUTPATIENT CANCER TREATMENT, (IX) PATHOLOGY AND CLINICAL LABORATORY SERVICES, (X) DIALYSIS TREATMENT FACILITIES, (XI) DIAGNOSTIC RADIOLOGY SERVICES, (XII) SHORT STAY SURGERY SERVICES, (XIII) A CARDIOVASCULAR CARE UNIT, AND (XIV) 24 HOUR EMERGENCY SERVICES CRMC IS ALSO A TEACHING HOSPITAL THAT IS AFFILIATED WITH UCSF THE MAIN CAMPUS OF CRMC CONSISTS OF A HOSPITAL BUILDING WITH FIVE AND 10-STORY WINGS, CONNECTED TO A FIVE STORY TRAUMA AND CRITICAL CARE BUILDING CRMC ALSO PROVIDES (I) BEHAVIORAL HEALTH SERVICES AT A FREESTANDING FACILITY IN NORTHERN FRESNO KNOWN AS THE COMMUNITY BEHAVIORAL HEALTH CENTER ("CBHC"), (II) SUBACUTE AND SKILLED NURSING SERVICES AT A FREESTANDING FACILITY IN NORTHERN FRESNO KNOWN AS THE COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER ("CSTCC"), (III) OUTPATIENT CANCER SERVICES AT ITS TWOSTORY OUTPATIENT CANCER CENTER AT WOODWARD PARK IN NORTHEAST FRESNO, APPROXIMATELY EIGHT MILES FROM THE CRMC MAIN CAMPUS, AND (IV) A VARIETY OF GENERAL AND SPECIALIZED OUTPATIENT HEALTH CLINIC SERVICES AT THE DERAN KOLIGIAN AMBULATORY CARE CENTER LOCATED ON THE CRMC MAIN CAMPUS (THE "FRESNO CAMPUS") - CLOVIS COMMUNITY MEDICAL CENTER CCMC IS LOCATED IN THE CITY OF CLOVIS (WHICH IS CONTIGUOUS TO THE CITY OF FRESNO), WHERE IT SERVES THE PRIMARY SERVICE AREA AND, TO A LESSER DEGREE, THE SECONDARY SERVICE AREA THE CMC CAMPUS IN CLOVIS (THE "CLOVIS CAMPUS") INCLUDES THE MAIN FACILITY, WHICH CONSISTS OF AN ACUTE CARE HOSPITAL WITH A FIVE-STORY TOWER AND A THREE-STORY TOWER CONNECTED TO AN OUTPATIENT SURGERY/ENDOSCOPY/DIAGNOSTIC CENTER THE FACILITY HAS ALL PRIVATE ROOMS THE FACILITY PROVIDES (I) COMPREHENSIVE MEDICAL AND SURGICAL CAPABILITIES, (II) 24-HOUR EMERGENCY CARE, (III) AN INTENSIVE CARE UNIT, (IV) THE COMMUNITY FAMILY BIRTH CENTER, (V) THE MARJORIE E RADIN BREAST CARE CENTER (VI) SHORT STAY AND INPATIENT SURGICAL SERVICES, INCLUDING ROBOTICS AND ADVANCED MINIMALLY INVASIVE SURGERY, (VII) A LEVEL II NEONATAL INTENSIVE CARE UNIT, (VIII) INPATIENT CANCER TREATMENT, (IX) PATHOLOGY AND CLINICAL LABORATORY SERVICES, (X) ADVANCED DIAGNOSTIC AND IN TERVENTIONAL RADIOLOGY, AND (XI) INVASIVE AND NON-INVASIVE CARDIAC SERVICES OTHER FACILITIES AND SERVICES PROVIDED ON THE CLOVIS CAMPUS INCLUDE (I) AN OUTPATIENT WOUND CARE CLINIC WITH TWO HYPERBARIC OXYGEN CHAMBERS, (II) AN OUTPATIENT PHYSICAL REHABILITATION CLINIC, INCLUDING LYMPHEDEMA THERAPY AND (III) THE H MARCUS RADIN CONFERENCE CENTER, WHICH OPENED IN 2012 AND PROVIDES A 214- SEAT AUDITORIUM THAT IS FULLY INTEGRATED FOR TRAINING IN CMC'S OPERATING ROOMS AND FOR BROADCASTING OTHER EVENTS, AND TWO STATE-OF-THE-ART COMPUTER TRAINING LABS - FRESNO HEART AND SURGICAL HOSPITAL HEART HOSPITAL IS AN ACUTE CARE FACILITY WITH ALL PRIVATE ROOMS LOCATED IN THE CITY OF FRESNO OVERLOOKING WOODWARD PARK IN NORTHEAST FRESNO THE FACILITY OPENED IN OCTOBER 2003 AND PROVIDES THE PRIMARY AND SECONDARY SERVICE AREAS WITH (I) CARDIOLOGY AND CARDIAC SURGERY SERVICES, (II) VASCULAR SURGERY SERVICES, AND (III) BARIATRIC AND OTHER MINIMALLY INVASIVE SURGERY SERVICES THE ORGANIZATION IS THE PRINCIPAL TEACHING HOSPITAL IN THE CENTRAL VALLEY THROUGH A GRADUATE MEDICAL EDUCATION PROGRAM AFFILIATED WITH THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO MEDICAL EDUCATION PROGRAM CMC SUPPORTS A FULLY ACCREDITED EDUCATIONAL PROGRAM WITH CALIFORNIA STATE UNIVERSITY, FRESNO, BY PROVIDING CLINICAL EXPERIENCE TO ITS NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND DIETETIC STUDENTS ADDITIONALLY, THE ORGANIZATION PROVIDES CLINICAL EXPERIENCE TO FRESNO CITY COLLEGE'S NURSING, SURGERY AND RADIOLOGY TECHNOLOGY STUDENTS CMC ALSO PROVIDES CLINICAL EXPERIENCE TO STUDENTS IN THE SAN JOAQUIN VALLEY COLLEGE LVN TO RN PROGRAM, FRESNO ADULT SCHOOL AND CLOVIS ADULT SCHOOL LICENSED VOCATIONAL NURSE PROGRAMS, AS WELL AS STUDENTS IN MANY OTHER PROGRAMS AT AREA COMMUNITY COLLEGES EACH OF THE THREE ACUTE HOSPITALS CONDUCTS EDUCATIONAL PROGRAMS FOR THE BENEFIT OF PHYSICIANS, NURSES, TECHNICIANS, MANAGEMENT PERSONNEL, EMPLOYEES, AND THE PUBLIC IN ADDITION, CMC SPONSORS NUMEROUS HEALTH PROMOTION AND EDUCATION PROGRAMS FOR ITS EMPLOYEES AND MEMBERS OF THE COMMUNITY IN MANY AREAS, INCLUDING ASTHMA, DIABETES, NUTRITION AND WEIGHT CONTROL, STRESS MANAGEMENT, HEALTH AND WELLNESS, AND SMOKING CESSATION THE ORGANIZATION IS AN ACTIVE PARTNER IN SEVERAL COMMUNITY SERVICE PROJECTS SUPPORTING EDUCATION IN HEALTH CAREERS FOR HIGH SCHOOLS AND OTHER COMMUNITY GROUPS TO ADDRESS THE NATION-WIDE NURSING SHORTAGE, THE ORGANIZATION HAS IMPLEMENTED SEVERAL SYSTEMWIDE INITIATIVES TO INCREASE RECRUITMENT AND RETENTION INCLUDING THE IMPLEMENTATION OF A NURSE RESIDENCY PROGRAM AND CLINICAL LADDER, BOTH DESIGNED TO EXPAND THE EDUCATION OF NEW NURSES AND PROMOTE RETENTION OF A HIGHER PERCENTAGE OF THESE NURSES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN ABUNDIS BOARD MEMBER	1 40 0 50	X						0	0	0
AJIT ARORA MD BOARD MEMBER	1 40 0 50	X						0	112,334	0
FARID ASSEMI CHAIR-ELECT	1 40 0 50	X		X				0	0	0
TERRANCE BRADLEY EDD BOARD MEMBER	1 40 0 50	X						0	0	0
JERRY COOK BOARD MEMBER	1 40 0 50	X						0	0	0
MANUEL CUNHA JR BOARD MEMBER	1 40 0 50	X						0	0	0
LINZIE DANIEL CHAIR	1 40 0 50	X		X				0	0	0
REN IMAI MD BOARD MEMBER	1 40 0 50	X						0	0	0
JOHN MCGREGOR ESQUIRE BOARD MEMBER	1 40 0 50	X						0	0	0
VONG MOUANOUTOUA SECRETARY	1 40 0 50	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUTH QUINTO BOARD MEMBER	1 40 0 50	X						0	0	0
DAVID SLATER MD BOARD MEMBER	1 40 0 50	X						0	11,171	0
ROGER STURDEVANT BOARD MEMBER	1 40 0 50	X						0	0	0
MICHAEL SYNN MD BOARD MEMBER (THRU 1/18)	1 40 0 50	X						0	0	0
CHANDRASEKAR VENUGOPAL MD BOARD MEMBER	1 40 0 50	X						0	0	0
KEITH BOONE BOARD MEMBER	1 40 0 50	X						0	0	0
TIM JOSLIN CHIEF EXECUTIVE OFFICER	55 00 5 00			X				0	1,541,745	30,097
PATRICK RAFFERTY THRU 818 EVP CHIEF OPERATIONS OFFICER	55 00 5 00			X				0	896,019	353,182
JOSEPH NOWICKI SVP CHIEF FINANCIAL OFFICER	55 00 5 00			X				0	734,938	89,040
CRAIG CASTRO EVP CHIEF OPERATIONS OFFICER	55 00 5 00			X				0	1,272,409	118,156

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG WAGONER CHIEF OPERATIONS OFFICER	50 00 5 00				X			889,751	0	103,665
THOMAS UTECHT SVP CHIEF QUALITY OFFICER	50 00 5 00				X			687,326	0	70,792
WANDA HOLDERMAN SVP CHIEF CLINICAL INTERGRATION OFFICER	50 00 5 00				X			563,170	0	72,975
TRACY KIRITANI CHIEF FINANCIAL OFFICER AC	50 00 5 00				X			474,401	0	26,817
MARK KESTNER THRU 818 CHIEF MEDICAL INNOVATION OFFICER	45 00 5 00					X		519,057	0	13,515
JOHN KASS CHIEF OPERATIONS OFFICER CCMC	45 00 5 00					X		358,929	0	7,568
DAVID CLARK THRU 1017 CHIEF OPERATIONS OFFICER CRMC	45 00 5 00					X		585,385	0	17,978
BERJ APKARIAN EXEC DIR PHYSICIAN RELATIONS	45 00 5 00					X		288,018	0	26,841
CHRISTOPHER NEUMAN CHIEF FINANCIAL OFFICER CRMC	45 00 5 00					X		481,415	0	18,250

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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** . . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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? *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*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	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? *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*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 ☐ 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: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

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

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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
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	14,221,940	15,265,158		29,487,098
b Buildings		935,696,613	242,308,017	693,388,596
c Leasehold improvements		6,218,953	3,062,429	3,156,524
d Equipment		413,378,068	303,487,141	109,890,927
e Other		46,682,943		46,682,943
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				882,606,088

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) OTHER ASSETS	14,554,905
(2) RECEIVABLE FROM AFFILIATES	228,926,614
(3) SUPPLEMENTAL FUNDING	18,740,741
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	262,222,260

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ASSET RETIREMENT OBLIGATION	5,552,648
GROUP HEALTH	1,970,000
MALPRACTICE - IBNR	4,230,001
WORKERS COMPENSATION RESERVE	37,609,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	49,361,649

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: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	THERE IS NO FOOTNOTE FOR FIN 48 IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DUE TO IMMATERIALITY

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites 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	0	0	INSURANCE		3,600,879
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,600,879
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			3,600,879

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *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 40000 0000000000 %			
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 _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,189,425		4,189,425	0 270 %
b Medicaid (from Worksheet 3, column a)			269,164,000	120,702,000	148,462,000	9 610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			273,353,425	120,702,000	152,651,425	9 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,576,811		1,576,811	0 100 %
f Health professions education (from Worksheet 5)			50,522,502	5,641,758	44,880,744	2 900 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			52,099,313	5,641,758	46,457,555	3 000 %
k **Total.** Add lines 7d and 7j			325,452,738	126,343,758	199,108,980	12 880 %

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 113,741,626		
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 4,549,665		
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	297,049,934
6	Enter Medicare allowable costs of care relating to payments on line 5	6	309,504,374
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-12,454,440
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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 CA IMAGING INSTITUTE LLC	MEDICAL IMAGING	50 000 %	0 %	50 000 %
2	2 AMI REALTY PARTNERS LP	PROPERTY MANAGEMENT	50 000 %	0 %	50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

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? **3**

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)

	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
See Additional Data Table										

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)

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) COMMUNITYMEDICAL ORG/ABOUT-US/FACTS-REPORTS			
b	☑ Other website (list url) HOSPITALCOUNCIL ORG/REPORT/CENTRAL-VALLEY-COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //WWW COMMUNITYMEDICAL ORG			
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)

FACILITY REPORTING GROUP - 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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS /WWW COMMUNITYMEDICAL ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTPS /WWW COMMUNITYMEDICAL ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS /WWW COMMUNITYMEDICAL ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

FACILITY REPORTING GROUP - 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	1 - CALIFORNIA CANCER CENTER - WOODWARD PARK 7257 N FRESNO ST FRESNO, CA 93720	OUTPATIENT CANCER CENTER
2	2 - COMMUNITY SUBACUTE TRANSITIONAL CARE 3003 MARIPOSA ST FRESNO, CA 93711	TRANSITIONAL CARE
3	3 - DERAN KOLIGIAN AMBULATORY CARE CENTER 290 N WAYTE LANE FRESNO, CA 93701	CLINICS ASTHMA, DENTAL, DIABETES, EYE, FAMILY & ADULT PRACTICE, HIV/AIDS
4	4 - COMMUNITY BEHAVIORAL HEALTH CENTER 7171 N CEDAR FRESNO, CA 93720	PSYCHIATRIC CARE FACILITY
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS ISSUED BY COMMUNITY MEDICAL CENTERS, A DBA USED BY THE THREE HOSPITALS THAT COMPRISE THE ORGANIZATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COSTING METHODOLOGY CHARITY CARE IS ESTIMATED BY CALCULATING THE RATIO OF COST PER ADJUSTED PATIENT DAY (EXCLUDING BAD DEBTS) AND THEN MULTIPLYING THAT RATIO BY THE ADJUSTED PATIENT DAYS ASSOCIATED WITH CHARITY CARE PATIENTS CMC DOES NOT UTILIZE A COST ACCOUNTING SYSTEM TO ESTIMATE THE COST OF CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 113,741,626

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY MEDICAL CENTERS' EFFORTS TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY ARE VARIE D AND WIDE-RANGING, FROM SOPHISTICATED MEDICAL RESEARCH PROGRAMS THAT HELP US TO MORE FULL Y UNDERSTAND THE VALLEY'S UNIQUE HEALTH NEEDS TO HOME VISITS FOR ASTHMA PATIENTS AND MEDIC AL RESPITE SERVICES FOR HOMELESS PATIENTS THE COMMUNITY HEALTH NEEDS ASSESSMENT HELPS PRO VIDE US WITH A "ROADMAP" FOR OUR COMMUNITY EFFORTS THE NEEDS OF THE VALLEY ARE MANY, THE RESOURCES TO MEET THOSE NEEDS ARE LIMITED, BUT THE COMPASSION TO MEET THE NEEDS OF OUR PAT IENTS EVERY DAY IS UNMATCHED BELOW IS A SNAPSHOT OF COMMUNITY'S SIGNATURE COMMUNITY BENEF IT PROGRAMS 1 IMPROVING ACCESS TO CARE INCREASING PHYSICIAN SUPPLY THROUGH MEDICAL EDUCA TION SINCE 1996, COMMUNITY MEDICAL CENTERS HAS ENJOYED A STRONG PARTNERSHIP WITH THE UNIVE RSITY OF CALIFORNIA, SAN FRANCISCO FRESNO MEDICAL EDUCATION PROGRAM UCSF FRESNO WAS ESTAB LISHED IN 1975 TO HELP ADDRESS THE NEED FOR PHYSICIANS IN THE REGION AS A RESULT OF THE P ARTNERSHIP, COMMUNITY CURRENTLY HAS MORE THAN 280 RESIDENTS TRAINING IN EIGHT SPECIALTIES AND ONE DENTAL ORAL MAXILLOFACIAL SURGERY RESIDENCY AND MORE THAN 50 FELLOWS TRAINING IN 1 8 SUBSPECIALTIES IN ADDITION, MORE THAN 300 THIRD AND FOURTH YEAR MEDICAL STUDENTS ARE TR AINED ANNUALLY ON A ROTATING BASIS UCSF FRESNO PROVIDES TRAINING IN 18 FELLOWSHIPS ACUTE CARE SURGERY, CARDIOVASCULAR DISEASE, COMMUNITY PEDIATRICS, EMERGENCY MEDICINE EDUCATION, EMERGENCY ULTRASOUND, GASTROENTEROLOGY, HEAD AND NECK ONCOLOGY AND MICROVASCULAR RECONSTR UCTION, HEMATOLOGY/ONCOLOGY, HIV, HOSPICE AND PALLIATIVE CARE, HOSPITAL MEDICINE, INFECTIO US DISEASES, INTERVENTIONAL CARDIOLOGY, MATERNAL CHILD HEALTH, PULMONARY/CRITICAL CARE, SL EEP MEDICINE, SURGICAL CRITICAL CARE, AND WILDERNESS MEDICINE UCSF FRESNO HAS EIGHT MEDIC AL RESIDENCY PROGRAMS EMERGENCY MEDICINE, FAMILY AND COMMUNITY MEDICINE, INTERNAL MEDICIN E, OBSTETRICS/GYNECOLOGY, ORTHOPAEDIC SURGERY, PEDIATRICS, PSYCHIATRY, AND SURGERY UCSF F RESNO ALSO HAS A DENTAL ORAL AND MAXILLOFACIAL SURGERY RESIDENCY PROGRAM UCSF FRESNO ALSO PROVIDES TRAINING IN THREE PHYSICIAN ASSISTANT RESIDENCY PROGRAMS, INCLUDING ACUTE CARE T RAUMA, EMERGENCY MEDICINE AND ORTHOPAEDIC SURGERY NEARLY 50% OF GRADUATING RESIDENTS STAY IN THE SAN JOAQUIN VALLEY TO PRACTICE MEDICINE, MAKING THIS PROGRAM A CRITICAL PATHWAY TO ADDRESS THE REGION'S ACCESS TO CARE ISSUES DETAILED IN THIS REPORT AS PART OF THE ROBUST MEDICAL EDUCATION PROGRAM, THERE IS A VERY ACTIVE RESEARCH COMPONENT WITH 210 RESEARCH STU DIES CONDUCTED AT COMMUNITY CAMPUSES, INVOLVING COMMUNITY PATIENTS AND/OR PATIENT DATA MA NY OF THESE FOCUS ON THE UNIQUE HEALTH NEEDS AND CHALLENGES OF THE CENTRAL VALLEY STUDIES CONDUCTED BY COMMUNITY AND UCSF RESEARCHERS CONSIST OF A WIDE ARRAY OF SCIENTIFIC INQUIRI ES INCLUDING VALLEY FEVER, THE LINK BETWEEN PESTICIDES AND DISEASE, AND PRE-TERM BIRTH AMO NG VULNERABLE POPULATIONS INCLUDING HMONG, LATINOS AND AFRICAN AMERICANS 2 IMPROVING ACCE SS TO CARE HELPING COMPLEX PATIENTS CONNECT TO SERVICES COMMUNITY CONTINUES TO SEEK CREAT IVE SOLUTIONS AND PARTNERSHIPS THAT OFFER HEALTH BENEFITS FOR THE VALLEY'S MOST CHALLENGIN G PATIENTS WE HAVE INCREASINGLY FOCUSED ON PATIENTS WHO HAVE BARRIERS IN MANAGING THEIR H EALTHCARE AND, AS A RESULT, REPEATEDLY USE THE EMERGENCY DEPARTMENT FOR THEIR CARE COMMUN ITY REGIONAL MEDICAL CENTER'S COMMUNITY CONNECTIONS CONTINUES TO PROVIDE TEAM-BASED INTERV ENTIONS FOR VULNERABLE PATIENTS THE PROGRAM IDENTIFIES PATIENTS THAT REQUIRE LINKAGE TO C ARE VIA REFERRALS FROM COMMUNITY REGIONAL, FRESNO COUNTY EMERGENCY MEDICAL SERVICES, AMERI CAN AMBULANCE AND COMMUNITY REGIONAL'S DIABETES, CHRONIC LUNG AND CONGESTIVE HEART FAILURE MEDICAL HOMES THESE PATIENTS OFTEN FACE DIFFICULTY IN MANAGING THEIR HEALTH DUE TO ISSUE S INCLUDING LACK OF PRIMARY CARE, LACK OF INSURANCE, ALCOHOL/SUBSTANCE ABUSE, MENTAL HEALT H ISSUES, HOMELESSNESS, AND LACK OF RESOURCES AND SUPPORT THE COMMUNITY CONNECTIONS TEAM WORKS ALONGSIDE DOCTORS, NURSE PRACTITIONERS, NURSES, MASTER-LEVEL SOCIAL WORKERS, AND OTH ER COMMUNITY AGENCIES AND ORGANIZATIONS TO FIND SUPPORT FOR PATIENTS PATIENTS RECEIVE A P SYCHOSOCIAL ASSESSMENT THAT INFORMS AN INDIVIDUALIZED CARE MANAGEMENT PLAN THE PROGRAM'S OUTREACH SPECIALISTS ENSURE PATIENTS COMPLY WITH MEDICATION INSTRUCTIONS, MEDICAL OFFICE V ISITS AND IF NEEDED, SECURE TRANSPORTATION TO AND FROM APPOINTMENTS IN FISCAL YEAR 2017-2 018, COMMUNITY CONNECTIONS PROVIDED INTENSE CASE MANAGEMENT FOR NEARLY 70 PATIENTS AND A T OTAL OF 176 IN-PERSON PATIENT INTERACTIONS COMMUNITY CONNECTIONS OFFERS THE FOLLOWING - COMPREHENSIVE ASSESSMENT, SUPPORT AND LINKAGE TO INTERNAL AND EXTERNAL SERVICES - INTENSIV E OUTPATIENT CASE MANAGEMENT FOR HIGH-RISK PATIENTS - SCREENINGS FOR DEPRESSION AND REFERR ALS TO APPROPRIATE SERVICES, AS NEEDED - LINKAGES TO COMMUNITY AND SOCIAL SERVICES (THIS I NCLUDES BUT NOT LIMITED TO MEDICAL SERVICES, HOUSING, SUBSTANCE/ALCOHOL ABUSE TREATMENT, M ENTAL HEALTH TREATMENT, LINKAGE TO MEDICAL INSURAN

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	CE, AND LINKAGE TO FINANCIAL ASSISTANCE PROGRAMS) - HOME AND COMMUNITY VISITS TO ASSESS PA TIENT NEEDS AND TO PROVIDE SUPPORT - ATTENDING APPOINTMENTS WITH PATIENTS TO PROVIDE SUPPO RT - HEALTH PROMOTION AND DISEASE SELF-MANAGEMENT EDUCATION - CLINICAL INTERVENTIONS COMMU NITY'S ELECTRONIC HEALTH RECORDS ASSIST SOCIAL WORKERS IN TRACKING PATIENTS' PROGRESS THRO UGH THE ENTIRE CONTINUUM OF CARE ADDITIONALLY, SOCIAL WORKERS AND OUTREACH SPECIALISTS GO INTO THE COMMUNITY TO TRACK THE HEALTH NEEDS OF HOMELESS PATIENTS, FOCUSING ON THE PATIEN TS' PRIMARY CARE NEEDS AND OTHER IMMEDIATE NEEDS IN EFFORTS TO AVOID MEDICALLY UNNECESSARY EMERGENCY DEPARTMENT VISITS AND TO HELP THE PATIENTS IMPROVE THEIR QUALITY OF LIFE 3 PAR TNERING WITH A FEDERALLY QUALIFIED HEALTH CENTER AT COMMUNITY'S DOWNTOWN CAMPUSIN ORDER TO INCREASE ACCESS TO CARE FOR LOW-INCOME, VULNERABLE POPULATIONS, COMMUNITY MEDICAL CENTERS PARTNERED WITH FAMILY HEALTH CARE NETWORK (FHCN), THE NATION'S 7TH LARGEST FEDERALLY QUAL IFIED HEALTH CENTER TO EXPAND OUTPATIENT PRIMARY AND SPECIALTY CARE SERVICES IN JUNE 2018 , FAMILY HEALTH CARE NETWORK TOOK OVER OPERATIONS AT COMMUNITY REGIONAL'S DERAN KOLIGIAN A MBULATORY CARE CENTER INCLUDING GENERAL PEDIATRICS, SPECIAL SERVICES (HIV/AIDS), SURGICAL SERVICES, DENTAL, EYE, WOMEN'S, FAMILY AND ADULT PRACTICE, INTERNAL MEDICINE, DISEASE MANA GEMENT AND PROMPT CARE CLINICS THE PARTNERSHIP'S PRIMARY GOAL IS TO IMPROVE TIMELINESS OF PREVENTATIVE CARE AND REDUCE THE NUMBER OF PATIENTS WHO RECEIVE PRIMARY CARE-LEVEL SERVIC ES IN THE EMERGENCY DEPARTMENT THE PARTNERSHIP BETWEEN COMMUNITY AND FHCN PROVIDES VITAL HEALTHCARE SERVICES TO FAMILIES LIVING IN SOUTHWEST FRESNOONE OF THE CITY'S MOST SOCIO ECO NOMICALLY DISADVANTAGED AREAS AS A FEDERALLY QUALIFIED HEALTH CENTER, FHCN PROVIDES HEALT HCARE SERVICES TO PATIENTS THAT ARE UNINSURED OR UNDERINSURED OVER TIME, PATIENT VISITS T O THE FHCN CLINICS ON THE COMMUNITY REGIONAL CAMPUS ARE EXPECTED TO DOUBLE 4 CARING FOR V ULNERABLE POPULATIONS FRESNO MEDICAL RESPITE CENTER COMMUNITY HELPED ESTABLISH THE FRESNO MEDICAL RESPITE CENTER IN JULY 2011 THE CENTER CURRENTLY PROVIDES EIGHT BEDS FOR HOMELES S MEN AND BEDS FOR WOMEN ON AN AS-NEEDED BASIS AT THE FRESNO RESCUE MISSION IN DOWNTOWN FR ESNO THE RESPITE CENTER PROVIDES A 'SAFE DISCHARGE' PLACE FOR THE HOMELESS TO CONTINUE TH EIR RECOVERY THE CENTER'S AIM IS TO DEMONSTRATE COST SAVINGS TO PARTICIPATING HOSPITALS B Y REDUCING THE PATIENT'S LENGTH OF STAY DUE TO LACK OF SAFE DISCHARGE ALTERNATIVES RESEAR CH INDICATES THAT HOMELESS PATIENTS TEND TO STAY 4 5 DAYS LONGER IN HOSPITALS FOLLOWING AN INPATIENT STAY THAN PATIENTS WITH SOCIAL SUPPORT MECHANISMS IN ORDER TO PROVIDE RESPITE CARE TO PATIENTS WITH SLIGHTLY HIGHER ACUITY, AS OF JUNE 2016, COMMUNITY REGIONAL'S HOME H EALTH CLINICAL STAFF AND CASE MANAGEMENT BEGAN PROVIDING THE CENTER'S PATIENTS WITH COORDI NATED HEALTHCARE AND LINKAGES TO SOCIAL AND COMMUNITY RESOURCES IN FISCAL YEAR 2017-2018, COMMUNITY REGIONAL CONTRIBUTED $102,000 TO THE MEDICAL RESPITE CENTER COLLABORATIVE EFFOR T WHICH PROVIDED CONTINUING CARE TO 150 PATIENTS AND SAVED NEARLY 1,700 HOSPITAL IN-PATIEN T DAYS SINCE THE CENTER'S OPENING IN 2011, COMMUNITY HAS CONTRIBUTED MORE THAN $432,000 I N FUNDING TO SUPPORT THE WORK OF THE CENTER THE FRESNO MEDICAL RESPITE CENTER WILL CONTIN UE TO OFFER CARE AND SERVICES TO HOMELESS PATIENTS FROM ALL LOCAL AREA HOSPITALS

Form and Line Reference	Explanation
5 CHRONIC DISEASE DIABETES	DIABETES CARE CENTER THE COMMUNITY DIABETES CARE CENTER (CDCC) SERVES FRESNO AND FIVE NEAR BY COUNTIES, PROVIDING SERVICES TO PATIENTS AT TWO LOCATIONS THE DOWNTOWN COMMUNITY REGIO NAL CAMPUS AND THE COUNTY HEALTH OFFICES IN SOUTH CENTRAL FRESNO THE CDCC COUNTY HEALTH S ITE PROVIDES SERVICES TO A HIGH CONCENTRATION OF SPANISH-SPEAKING PATIENTS THE CENTER IS THE ONLY AMERICAN DIABETES ASSOCIATION-RECOGNIZED EDUCATION PROGRAM IN FRESNO COUNTY AND C ARES FOR A HIGH PERCENTAGE OF PATIENTS WHO WOULD OTHERWISE BE UNABLE TO RECEIVE DIABETES S ELF-MANAGEMENT EDUCATION THE CDCC IS ACCREDITED AS ONE OF THREE SWEET SUCCESS AFFILIATES IN FRESNO COUNTY WITH REGISTERED NURSES, REGISTERED DIETICIANS AND CERTIFIED DIABETES EDUC ATORS SWEET SUCCESS PROVIDES PREGNANT WOMEN WITH DIABETES EDUCATION ON NUTRITION, PSYCHOS OCIAL HEALTH, EXERCISE AND BREASTFEEDING CDCC ALSO CONTINUES TO PROVIDE SELF-MANAGEMENT P ROGRAMS FOR NON-PREGNANT PATIENTS SELF-MANAGEMENT EDUCATION CLASSES FOR BOTH PREGNANT AND NON-PREGNANT PATIENTS ARE AVAILABLE IN BOTH ENGLISH AND SPANISH MANY OF THE CENTER'S CLI ENTS ARE PREGNANT WOMEN WHO HAVE RESTRICTED OR MANAGED MEDI-CAL WITH LIMITED VISITS THE S TAFF EDUCATES WOMEN AND THEIR FAMILIES ON HEALTHY EATING HABITS AND CONTROLLING DIABETES D URING PREGNANCY LAST YEAR THE CDCC PROVIDED DIABETES MANAGEMENT EDUCATION AND SERVICES TO 1,600 PATIENTS, WITH OVER 8,000 VISITS 68% OF THESE PATIENTS WERE COVERED BY MEDI-CAL THE STAFF INCLUDES FIVE CERTIFIED DIABETES EDUCATORS, THREE MEDICAL OFFICE ASSISTANTS AND ONE MEDICAL ASSISTANT THE CENTER'S STAFF PARTICIPATED IN - MONTHLY TRAINING FOR THE CALIFORN IA DIABETES AND PREGNANCY PROGRAM SWEET SUCCESS PROGRAM - MONTHLY DIABETES HANDS-ON TRAINI NG FOR UCSF FRESNO MEDICAL EDUCATION STUDENTS, FAMILY HEALTH AND INTERNAL MEDICINE INTERNS , RESIDENTS AND FACULTY - DIABETES MEDICATION MANAGEMENT CLINIC AT COMMUNITY REGIONAL'S AM BULATORY CARE CENTER PROVIDING PATIENTS WITH MEDICATION SUPPORT TO IMPROVE BLOOD GLUCOSE L EVELSPROGRAM IS UNDER FAMILY HEALTH CARE NETWORK AS OF APRIL 2018 - MEDICAL RESIDENT TEACH ING - FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP'S DIABETES COLLABORATIVE AS A HEALTH CARE PARTNER DIABETES & CHRONIC DISEASE MEDICAL HOMES THE DIABETES MEDICAL HOME AT COMMUNI TY REGIONAL'S AMBULATORY CARE CENTER WAS ESTABLISHED IN APRIL 2012 TO PROVIDE PRIMARY CARE TO PATIENTS WITH DIABETES THE PROGRAM PROVIDES A PATIENT-CENTERED, TEAM-BASED APPROACH F OR TREATMENT OF PATIENTS WITH A HEMOGLOBIN A1C OF 7 0 OR ABOVE AND WHO FREQUENTLY VISIT TH E EMERGENCY DEPARTMENT THE DIABETES MEDICAL HOME TEAM IS LED BY A MEDICAL DIRECTOR AND ST AFFED BY A NURSE PRACTITIONER, REGISTERED NURSE, MEDICAL ASSISTANT, SOCIAL WORKER AND OUTR EACH SPECIALIST THE MEDICAL HOME TEAM AIMS TO IMPROVE PATIENTS' QUALITY OF LIFE THROUGH T EACHING THEM SELF-MANAGEMENT PATIENTS IN THE DIABETES MEDICAL HOME RECEIVE CUSTOMIZED CAR E AND SERVICES THAT INCLUDE MEDICATION SUPPORT, TRANSPORTATION TO AND FROM CLINICAL VISITS , DIABETIC MEDICAL EQUIPMENT SUPPORT, GLUCOSE MONITOR EDUCATION AND NUTRITION EDUCATION CL ASSES IN FISCAL YEAR 2017-2018, COMMUNITY REGIONAL'S DIABETES MEDICAL HOME PROVIDED CLINI CAL CARE AND SUPPORT SERVICES TO 167 PATIENTS60% OF THESE PATIENTS WERE COVERED BY MEDI-CA L THE DIABETES MEDICAL HOME PROVIDES PATIENTS WITH INFORMATION ON NUTRITION AND PHYSICAL ACTIVITY AND IS PART OF COMMUNITY'S RESPONSE TO THE "OBESITY AND PHYSICAL ACTIVITY" IDENTI FIED HEALTH NEED IN FISCAL YEAR 2017-2018, MORE THAN 1,600 PATIENTS PARTICIPATED IN COMMU NITY'S DIABETES EDUCATION PROGRAM WITH CLOSE TO 6,000 ENCOUNTERS COMMUNITY REGIONAL CREATE D TWO ADDITIONAL MEDICAL HOMES AIMED AT PROVIDING A TEAM-BASED APPROACH TO PRIMARY CARE FO R PATIENTS WITH COMPLEX CHRONIC HEART FAILURE AND CHRONIC LUNG DISEASE THESE MEDICAL HOME S ALSO ARE OVERSEEN BY MEDICAL DIRECTORS AND STAFFED BY NURSE PRACTITIONERS, REGISTERED NU RSES, CLINICAL PHARMACISTS, SOCIAL WORKERS AND OUTREACH SPECIALISTS THE MEDICAL HOME MODE L PROVIDES PATIENTS WITH CUSTOMIZED CARE COORDINATION THAT INCLUDES TRANSPORTATION TO AND FROM APPOINTMENTS, BILINGUAL AFTER HOURS SUPPORT BY SPECIALLY TRAINED STAFF, BILINGUAL SUP PORT GROUPS AS WELL AS A WALK-IN CLINIC IN FISCAL YEAR 2017-2018, COMMUNITY REGIONAL'S ME DICAL HOMES PROVIDED CARE TO 1,450 PATIENTS 45% OF THESE PATIENTS WERE COVERED BY MEDI-CAL IN FISCAL YEAR 2017-2018, COMMUNITY REGIONAL'S CHRONIC DISEASE CLINIC PATIENTS HAD NEARL Y 7,000 ENCOUNTERS AS OF JUNE 2018, COMMUNITY REGIONAL'S CHRONIC DISEASE PROGRAMS HAVE TR ANSITIONED TO FAMILY HEALTH CARE NETWORK 6 MENTAL HEALTH THE MENTAL HEALTH CHALLENGES IN THE CENTRAL VALLEY ARE WELL-DOCUMENTED FRAGMENTED PUBLIC SERVICES, LIMITED PRIVATE SECTOR RESOURCES AND INCREASING DEMANDS FOR MENTAL HEALTHCARE HAVE PUT PRESSURE ON ALL PARTS THE COMMUNITY AND PERHAPS NONE MORE THAN COMMUNITY'S EMERGENCY ROOMS AT BOTH ACUTE CARE CAMPU SES SKYROCKETING 5150 CALLS LED TO A STRONG HOSPITAL ADVOCACY EFFORT OVER THE LAST FEW YE ARS AND COMMUNITY IS A LEADER IN THAT EFFORT COMMU

Form and Line Reference	Explanation
5 CHRONIC DISEASE DIABETES	NITY REGIONAL AND CLOVIS COMMUNITY EMERGENCY DEPARTMENTS CONTINUE TO OFFER CRISIS INTERVEN TION THROUGH CASE MANAGEMENT AND 5150/1799 "INVOLUNTARY HOLD" PROTOCOLS IN CONJUNCTION WIT H FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH COMMUNITY REGIONAL'S CASE MANAGERS COORDI NATE CARE WITH COMMUNITY'S BEHAVIORAL HEALTH CENTER AND FRESNO COUNTY'S BEHAVIORAL HEALTH SERVICES AS WELL AS CONNECT PATIENTS TO SOCIAL SERVICES IN FISCAL YEAR 2017-2018, COMMUNI TY REGIONAL'S EMERGENCY DEPARTMENT RECEIVED NEARLY 4,500 PATIENTS PLACED UNDER INVOLUNTARY HOLDS REQUIRING CASE MANAGEMENT SERVICES490 OF THESE, OR 9% WERE PEDIATRIC PATIENTS CLOV IS COMMUNITY'S EMERGENCY DEPARTMENT RECEIVED 660 PATIENTS UNDER INVOLUNTARY MENTAL HEALTH HOLDS130 OF THESE, OR 20% WERE PEDIATRIC PATIENTS UNDER MENTAL HEALTH HOLDS COMMUNITY MED ICAL CENTERS HAS BEEN AN ACTIVE AND ENGAGED PARTNER IN THE 'COMMUNITY CONVERSATIONS ON MEN TAL HEALTH' COLLABORATIVE TO LOOK AT WAYS TO DELIVER MENTAL HEALTH SERVICES MORE EFFECTIVE LY AND TO MORE PEOPLE THE COMMUNITY CONVERSATIONS COLLABORATIVE HELPED DEPLOY AND EXPAND A COUNTY BEHAVIORAL HEALTH SCREENING TOOL WHICH IDENTIFIES VULNERABLE INDIVIDUALS AND FAMI LIES TO CONNECT THEM TO APPROPRIATE COMMUNITY RESOURCES FRESNO COUNTY'S 'MULTI-AGENCY ACC ESS PROGRAM OR MAP SCREENING LINKS THOSE IN NEED TO HOUSING, SUBSTANCE ABUSE TREATMENT, ME NTAL HEALTH, HEALTHCARE, VETERAN'S SERVICES AND OTHER RESOURCES THE NEARLY 80-QUESTION SC REENING CAPTURES IMMEDIATE AND LONG TERM NEEDS MAP POINT LOCATIONS INCLUDE EIGHT SITES IN URBAN AND RURAL FRESNO COUNTY AS WELL AS A MOBILE TRUCK SERVING RURAL AREAS SINCE APRIL 2017, MAP HAS SERVED NEARLY 10,000 HOUSEHOLDS, PROVIDED OVER 8,000 LINKAGES AND RECEIVED N EARLY 20,000 CALLS FOR ASSISTANCE PRIOR TO THE OPENING OF THE FIRST MAP POINT, THIS 'ONE STOP' WAS OFTEN EMERGENCY DEPARTMENTS COMMUNITY REGIONAL PARTICIPATED AS A NON-FUNDED PART NER IN THE COLLABORATIVE AIMED TO EXPAND MAP SITES COLLABORATIVE PARTNERS INCLUDE KINGS V IEW, CENTRO LA FAMILIA AND POVERELLO HOUSE SINCE OPENING A MAP SITE AT THE DERAN KOLIGAN AMBULATORY CARE CENTER IN NOVEMBER 2017 ON THE COMMUNITY REGIONAL CAMPUS, MORE THAN 160 IN DIVIDUALS AND FAMILIES HAVE RECEIVED ASSISTANCE

Form and Line Reference	Explanation
7 SPECIAL SERVICES HIV CARE	IN FISCAL YEAR 2017-2018 COMMUNITY'S SPECIAL SERVICES CENTER PROVIDED MEDICAL CARE AND SUP PORT SERVICES TO 1,155 HIV/AIDS PATIENTS FROM FIVE CENTRAL VALLEY COUNTIES THE CENTER, HO USED IN THE DERAN KOLIGIAN AMBULATORY CARE CENTER, IS ONE OF TWO LOCATIONS SERVING PEDIATR IC HIV/AIDS PATIENTS IN THE CENTRAL SAN JOAQUIN VALLEY COMMUNITY SPECIAL SERVICES' PROGRA M INCLUDED - MEMBERSHIP IN THE COMMUNITY ACTION COUNCIL A GROUP SEEKING TO PROVIDE COORDI NATED CARE TO THOSE AT-RISK, INFECTED OR DIRECTLY AFFECTED BY HIV/AIDS IN FRESNO COUNTY - SERVING AS A PARTNER AND LIAISON TO FRESNO COUNTY HOUSING AUTHORITY'S SHELTER PLUS CARE PR OGRAM PROVIDING RENTAL ASSISTANCE TO DISABLED, HOMELESS INDIVIDUALS WITH HIV/AIDS, MENTAL DISORDERS OR SUBSTANCE USE PROBLEMS - DEVELOPING A COMPREHENSIVE HIV/AIDS SURVEILLANCE, PR EVENTION AND CARE PLAN FOR CALIFORNIA AS A MEMBER OF THE STATE'S PLANNING GROUP UNDER THE LEADERSHIP OF THE U S CENTERS FOR DISEASE CONTROL (CDC), THE CALIFORNIA DEPARTMENT OF PUB LIC HEALTH AND THE OFFICE OF AIDS - SERVING AS A SITE FOR THE CALIFORNIA MEDICAL MONITORIN G PROJECT, A CDC-LED EFFORT COLLECTING INFORMATION ON HIV PATIENT NEEDS AND SERVICES - COL LABORATING WITH AREA HOSPITALS TO LINK PATIENTS TO CARE - COORDINATING WITH CLINICA SIERRA VISTA TO PROVIDE PATIENTS LINKAGES TO THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PRO GRAM - PROVIDING SOCIAL WORK AND NURSING SUPPORT AT CSU FRESNO'S STUDENT HEALTH CENTER - C OLLABORATING IN 25 CITIES AND OASIS INITIATIVES NATIONAL AND LOCAL EFFORTS TO LINK VETERAN S AND THE CHRONICALLY HOMELESS TO MEDICAL CARE AND HOUSING - PARTICIPATING IN ANNUAL AIDS WALK AND WORLD AIDS DAY EVENTS - PROVIDING ELIGIBLE PATIENTS WITH AT HOME VISITS FROM A SO CIAL WORKER AND CERTIFIED ENROLLMENT COUNSELOR TO ASSIST IN HEALTHCARE PLAN ENROLLMENT - P ROVIDING UPDATED HIV/AIDS EDUCATION AND TREATMENT OPTIONS TO FRESNO STATE HEALTH CENTER EM PLOYEES TRAUMA AND INJURY PREVENTION AS THE ONLY LEVEL 1 TRAUMA CENTER AND COMPREHENSIVE B URN CENTER BETWEEN LOS ANGELES AND SACRAMENTO, COMMUNITY REGIONAL'S SKILLED AND DEDICATED PHYSICIANS AND STAFF PROVIDE TRAUMA SERVICES TO PATIENTS FROM WELL BEYOND THE HOSPITAL'S N ORMAL SERVICE AREA SINCE 2015, A FULL-TIME INJURY PREVENTION SPECIALIST JOINED COMMUNITY REGIONAL'S TRAUMA STAFF THE INJURY PREVENTION SPECIALIST IDENTIFIES THE MOST COMMON MECHA NISMS OF INJURY AND DEATH SEEN AT THE TRAUMA CENTER BY USING THE HOSPITAL'S TRAUMA REGISTR Y THIS POSITION HELPS IDENTIFY THE ROOT CAUSES AND CONTRIBUTING FACTORS SUCH AS DRUG AND ALCOHOL ABUSE AND BEHAVIORAL HEALTH PROBLEMS THROUGH EDUCATION AND ENVIRONMENTAL MODIFICA TION, THE INJURY PREVENTION SPECIALIST WORKS TO REDUCE THE INCIDENCE OF INJURY, DISABILITY AND DEATH DUE TO TRAUMA DURING FISCAL YEAR 2017-2018, THE TRAUMA PREVENTION TEAM PROVIDE D BILINGUAL INFORMATION TO MORE THAN 1,000 RESIDENTS INCLUDING YOUTHS, PARENTS, ADULTS AND OLDER ADULTS DURING A DOZEN COMMUNITY EVENTS THESE EVENTS WERE HELD IN ELEMENTARY SCHOOL S, PUBLIC HOUSING COMPLEXES, SENIOR CENTERS, COMMERCIAL SPACES AND PUBLIC PARKS PUBLIC AW ARENESS CAMPAIGNS LED BY COMMUNITY REGIONAL INCLUDED FALL PREVENTION, CHILD PASSENGER SAF ETY, TEEN DRIVER SAFETY, BICYCLE AND PEDESTRIAN SAFETY, GANG AND GUN VIOLENCE, AND WATER S AFETY COMMUNITY REGIONAL FUNDED AND HOSTED MATTER OF BALANCE TRAINING IN PARTNERSHIP WITH MAINEHEALTH THE CURRICULUM AIMS TO HELP OLDER ADULTS MANAGE FEAR OF FALLING IN ORDER TO S TRENGTHEN PHYSICAL ENDURANCE TO ULTIMATELY LESSEN THE RISK OF FALLING COMMUNITY REGIONAL CONTRIBUTED $20,000 TO HELP FUND THE MATTER OF BALANCE TRAINING THE TRAINING EVENT HELD I N MAY 2018, EDUCATED A DOZEN MASTER TRAINERS ON THE EVIDENCE-BASED CURRICULUM THE TRAININ G EVENT HELPED ENSURE THAT THE PROGRAM WILL BE AVAILABLE TO RESIDENTS IN FRESNO, KINGS, KE RN AND TULARE COUNTIES PARTNERS THAT PARTICIPATED IN THE TRAINING INCLUDED CALIFORNIA STA TE UNIVERSITY FRESNO, KAWEAH DELTA MEDICAL CENTER, DIGNITY HEALTH, MERCY AND MEMORIAL HOSP ITALS TO EDUCATE AND PROMOTE INJURY PREVENTION, THE TRAUMA TEAM PROVIDED 19 NO-COST CHILD CAR SEATS AND BOOSTERS TO LOW-INCOME PATIENTS DISCHARGED FROM COMMUNITY REGIONAL'S EMERGE NCY, POSTPARTUM, AND PEDIATRIC DEPARTMENTS THE TEAM ALSO HAS DONATED OVER 900 PIECES OF P EDESTRIAN SAFETY EQUIPMENT TO LOCAL ORGANIZATIONS INCLUDING THE POVERELLO HOUSE, WEST CARE AND THE CITY OF FRESNO'S PARKS AND RECREATION DEPARTMENT COMMUNITY MEDICAL CENTERS IS LE ADING EFFORTS TO EDUCATE THE PUBLIC IN CASES OF SERIOUS ACCIDENTS OR GUNSHOT WOUNDS THROUG H THE NATIONAL 'STOP THE BLEED' CAMPAIGN AND CURRICULUM STOP THE BLEED AIMS TO HELP THE P UBLIC PROVIDE IMMEDIATE CARE IN CASE OF A MASS SHOOTING OR LARGE SCALE EMERGENCIES TRAINI NG SESSIONS ARE LED BY A REGISTERED NURSE WORKING WITH COMMUNITY'S TRAUMA PROGRAM AND/OR A TRAUMA SURGEON THE HANDS-ON SESSIONS CONSIST OF TOURNIQUET PLACEMENT AND EMERGENCY WOUND INTERVENTION IN FISCAL YEAR 2017-2018, COMMUNITY'S TRAUMA PREVENTION PROGRAM PROVIDED 59 'STOP THE BLEED' SESSIONS TO NEARLY 3,000 PEOPLE

Form and Line Reference	Explanation
7 SPECIAL SERVICES HIV CARE	ACROSS THE CENTRAL VALLEY TRAINING SESSIONS WERE HELD IN AREA SCHOOLS, NON-PROFIT ORGANIZ ATIONS AND BUSINESSES COMMUNITY REGIONAL'S TRAUMA AND INJURY PREVENTION TEAM MEMBERS SERVE AS COLLABORATIVE PARTNERS IN SEVERAL CROSS-SECTOR EFFORTS INCLUDING HOPE COALITION, BINA TIONAL HEALTH COLLABORATIVE, FRESNO VIOLENCE INTERVENTION PROGRAM, FRESNO COUNTY PEDIATRIC DEATH REVIEW COMMITTEE, CENTRAL VALLEY OPIOID SAFETY COALITION, CALIFORNIA HEALTH COLLABO RATIVE'S MARIJUANA PREVENTION INITIATIVE, SAFE KIDS CENTRAL CALIFORNIA, BICYCLE PEDESTRIAN ADVISORY COMMITTEE, KINGS COUNTY PARTNERSHIP FOR PREVENTION AND FRESNO POLICE DEPARTMENT VIOLENCE INTERVENTION COMMUNITY BUILDING ACTIVITIES COMMUNITY MEDICAL CENTERS' MANAGEMENT AND BOARD OF TRUSTEES ACKNOWLEDGE THAT MEANINGFUL AND LASTING POSITIVE CHANGE IN THE REGIO N'S IDENTIFIED HEALTH NEEDS REQUIRES WIDE-REACHING COLLABORATIVES AND INTERVENTIONS RECOG NIZING THAT HEALTH CANNOT BE ACHIEVED BY ONE SOLE ENTITY, COMMUNITY HAS JOINED AND PARTICI PATED IN SEVERAL COMMUNITY-WIDE HEALTH INITIATIVES AND ACTIVITIES, INCLUDING FRESNO COMMUN ITY HEALTH IMPROVEMENT PARTNERSHIP COMMUNITY JOINED THE FRESNO COMMUNITY HEALTH IMPROVEMEN T PARTNERSHIP (FCHIP) LEADERSHIP TEAM IN JANUARY 2017 THE FCHIP STEERING COMMUNITY PROVID ES GUIDANCE AND DIRECTION FOR ITS FIVE WORKGROUPS THAT INCLUDE THE DIABETES COLLABORATIVE, FRESNO FOOD SECURITY NETWORK, HEALTH LITERACY & EMPOWERMENT, LAND USE & PLANNING, ADVERSE CHILDHOOD EXPERIENCES AND THE FRESNO COUNTY TOBACCO COALITION FCHIP IS CURRENTLY REFININ G GOALS AND METRICS TOWARDS ITS 10-YEAR HEALTH IMPROVEMENT PLAN

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Form and Line Reference	Explanation
FRESNO DIABETES COLLABORATIVE	SINCE DECEMBER 2016, COMMUNITY HAS LED FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP'S DIABETES COLLABORATIVE WORKGROUP THE DIABETES COLLABORATIVE, ONE OF FCHIP'S FIVE WORKGROUPS, AIMS TO INCREASE AWARENESS AND ACCESS TO LOCAL RESOURCES FOR PREVENTION AND TREATMENT OF DIABETES THE COLLABORATIVE ENGAGES A BROAD GROUP OF COMMUNITY PARTNERS INCLUDING HEALTHCARE PROVIDERS, PUBLIC HEALTH, CLINICS, HEALTH EDUCATORS AND HEALTH PLANS THE DIABETES COLLABORATIVE IS MADE UP OF THREE TEAMSYOUTH INITIATIVES, DIABETES PREVENTION AND COMMUNICATIONS IN HONOR OF INTERNATIONAL DIABETES DAY, ON NOVEMBER 14, 2017, THE COLLABORATIVE'S COMMUNICATIONS TEAM WROTE, PRODUCED, DIRECTED AND FILMED A 1 30-MINUTE VIDEO IN ENGLISH AND SPANISH ENCOURAGING THE PUBLIC TO START A PHYSICAL ACTIVITY ROUTINE THE MESSAGE WAS LAUNCHED VIA SOCIAL MEDIA AND WWW FRESNODIABETES ORG IT FEATURED THE FRESNO DIABETES COLLABORATIVE'S PHYSICIAN CHAMPION, DR JESUS RODRIGUEZ, A UCSF-TRAINED PRIMARY CARE DOCTOR IN AUGUST 2018, THE DIABETES PREVENTION PROGRAM (DPP) TEAM HOSTED THE CENTRAL VALLEY DIABETES SYMPOSIUM TO PROVIDE INFORMATION ON DIABETES PREVENTION PROGRAMS TO PHYSICIANS AND HEALTHCARE PRACTITIONERS THE EVENT PROVIDED CONTINUING MEDICAL EDUCATION CREDITS TO 14 PHYSICIANS AND 54 ALLIED PROFESSIONAL HEALTHCARE WORKERS TOPICS OF DISCUSSION INCLUDED EQUITY IN CARE FOR DIABETIC PATIENTS INCLUDING PROBING INSTITUTIONAL RACISM, INTERGENERATIONAL TRAUMA AND IMPLICIT BIAS PROVIDERS ALSO LEARNED ABOUT THE LINK BETWEEN HEART HEALTH AND DIABETESHOW TO REDUCE RISK AND OPTIMIZE OUTCOMES THE SYMPOSIUM WAS A JOINT PARTNERSHIP OF THE FRESNO DIABETES COLLABORATIVE, FRESNO MADERA MEDICAL SOCIETY, CENTRAL VALLEY CHRONIC DISEASE PARTNERSHIP AND FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH THE COMMUNICATIONS TEAM HAS LED EFFORTS TO INCREASE COMMUNITY WIDE AWARENESS OF DIABETES PREVENTION AND TREATMENT PROGRAMS IN FRESNO COUNTY THE RE-DESIGNED SITE, WWW FRESNODIABETES ORG, PROVIDES INFORMATION IN ENGLISH AND SPANISH OF ALL RELEVANT PROGRAMS PROVIDED BY COLLABORATIVE PARTNERS IN MARCH 2017, COMMUNITY MEDICAL CENTERS' INFORMATION SYSTEMS STAFF LED RE-DESIGN EFFORTS AND WEBSITE MANAGEMENT ACTIVITIES A UCLA CENTER FOR HEALTH POLICY RESEARCH STUDY IN 2016 FOUND THAT PRE-DIABETES RATES IN FRESNO COUNTY ARE AT 49% OVER THE NEXT 10 YEARS, THE DIABETES COLLABORATIVE AIMS TO ACHIEVE A 10% DECLINE IN PRE-DIABETES RATES IN FRESNO COUNTY CLOVIS UNIFIED SCHOOL SUICIDE PREVENTION PROGRAMS IN FEBRUARY 2017, COMMUNITY MEDICAL CENTERS PROVIDED A $100,000 CONTRIBUTION TO THE FOUNDATION FOR CLOVIS SCHOOLS FOR MENTAL HEALTH PROGRAMS AIMED AT CLOVIS UNIFIED STUDENTS FROM K-12 EFFORTS TO ADDRESS SOCIAL EMOTIONAL ISSUES AMONG THE DISTRICT'S YOUTH ARE IN RESPONSE TO INCREASED MENTAL HEALTH INVOLUNTARY HOLDS AMONG THE AREA'S YOUTH THE FUNDING PROVIDED BY COMMUNITY ASSISTED IN TRAINING 2,000 CLOVIS UNIFIED SCHOOL DISTRICT STAFFERS INCLUDING SCHOOL PSYCHOLOGISTS, ALL 7TH- 12TH-GRADE TEACHERS AS WELL AS SUPPORT STAFF SUCH AS BUS DRIVERS, ELEMENTARY AIDS AND CHILDHOOD DEVELOPMENT LEADS ON SOCIAL-EMOTIONAL WELLNESS, DEPRESSION AND SUICIDE WARNING SIGNS THE TRAINING PROGRAMS WILL IMPACT OVER 700 ELEMENTARY STUDENTS AND 3,000 HIGH SCHOOL STUDENTS FROM BUCHANAN, CLOVIS WEST AND CLOVIS EAST SCHOOLS COMMUNITY'S FUNDING HELPED AUGMENT PROGRAMS TO ENSURE ALL DISTRICT SCHOOLS RECEIVED THE NECESSARY ADOLESCENT MENTAL HEALTH TRAINING

Form and Line Reference	Explanation
BIRNEY ELEMENTARY SCHOOL CAREER DAY AT CRMC	IN OCTOBER 2017, COMMUNITY REGIONAL MEDICAL CENTER HOSTED 25 SIXTH GRADERS FROM BIRNEY ELE MENTARY'S BIRNEY BEARS PROGRAM BIRNEY, A FRESNO UNIFIED ELEMENTARY SCHOOL, IS LOCATED IN THE HEART OF THE CITY OF FRESNO A MAJORITY OF BIRNEY STUDENTS ARE LATINO AND SOUTHEAST AS IAN AND MORE THAN 90% RECEIVE FREE OR REDUCED SCHOOL MEALS, AN INDICATION OF POVERTY THE SCHOOL'S BIRNEY BEARS PROGRAM MOTIVATES STUDENTS TO ACHIEVE LITERACY, PHYSICAL ACTIVITY AN D POSITIVE CHARACTER GOALS THE PROGRAM REWARDS TOP STUDENTS WITH THE OPPORTUNITY TO PARTI CIPATE IN COMMUNITY REGIONAL'S CAREER DAY FIELD TRIP THE GOAL OF COMMUNITY REGIONAL'S CAR EER DAY IS TO MOTIVATE STUDENTS BY EXPOSING THEM TO DIFFERENT PROFESSIONAL ROLES AND HANDS -ON EXPERIENCE NOT ONLY DID STUDENTS TOUR TRADITIONAL HEALTHCARE AREAS SUCH AS THE OPERAT ING ROOM, RADIOLOGY AND THE EMERGENCY DEPARTMENT, BUT THE BIRNEY BEARS WERE ALSO ABLE TO L EARN ABOUT ADMINISTRATIVE JOBS, AS WELL AS NUTRITION AND FOOD SERVICE IN FISCAL YEAR 2017 -2018, COMMUNITY REGIONAL DONATED $9,000 IN SPORTS EQUIPMENT SUPPORTING BIRNEY BEAR'S PHYS ICAL ACTIVITY INITIATIVES COMMUNITY ALSO CONTRIBUTED $1,200 IN BOOKS FOR THE SCHOOL'S REA DING PROGRAM IN ORDER TO SUPPORT THE STUDENT LEARNING IN THE CLASSROOM SETTING, COMMUNITY DONATED $10,000 IN EDUCATIONAL TECHNOLOGY 'WALK WITH A DOC' EVENT ON NOVEMBER 4, 2017, TH E FRESNO DIABETES COLLABORATIVE PARTNERS HOSTED A COMMUNITY EVENT IN SOUTHEAST FRESNO'S VA NG PAO ELEMENTARY SCHOOL THE "WALK WITH A DOC," FREE COMMUNITY EVENT PROVIDED NO-COST BLO OD GLUCOSE, BLOOD PRESSURE, CHOLESTEROL, AND BODY MASS INDEX SCREENINGS BY CSU FRESNO'S HE ALTH ON WHEELS BUS PARTICIPANTS WHO DID THE ON-SITE SCREENINGS RECEIVED ONE-ON-ONE INFORM ATION ABOUT THEIR RESULTS DURING A QUARTER MILE WALK WITH THE COLLABORATIVE'S PHYSICIAN CH AMPION, DR JESUS RODRIGUEZ OTHER AREA PARTNERS THAT PARTICIPATED IN THE EVENT INCLUDED F RESNO MADERA MEDICAL SOCIETY, CALIFORNIA HEALTH SCIENCES UNIVERSITY, EVERY NEIGHBORHOOD PA RTNERSHIP, COMMUNITY FOOD BANK, AND FRESNO COUNTY PUBLIC HEALTH DEPARTMENT BIRNEY ELEMENTA RY 'READ ACROSS AMERICA DAY' IN AN EFFORT TO PROMOTE LITERACY IN HONOR OF DR SEUSS, 25 ME MBERS OF COMMUNITY ADMINISTRATIVE AND LEADERSHIP TEAM PARTICIPATED IN 'READ ACROSS AMERICA ' DAY AT BIRNEY ELEMENTARY ON MARCH 2, 2018, EACH COMMUNITY TEAM MEMBER ATTENDED A BIRNEY CLASSROOM AND READ A PRE-SELECTED BOOK TO STUDENTS AND SHARED A BIT ABOUT THEIR OWN LOVE OF READING THE ACTIVITY'S GOAL WAS TO PROMOTE A LOVE OF READING AMONG STUDENTS FROM PRESC HOOL TO SIXTH GRADE FRESNO UNIFIED SCHOOL DISTRICT 'HOSPITAL DAY' AT COMMUNITY REGIONAL IN AUGUST 2018, COMMUNITY REGIONAL MEDICAL CENTER HOSTED 25 HIGH SCHOOL STUDENTS FROM FRESNO UNIFIED SCHOOL DISTRICT'S MEDICAL PATHWAY PROGRAM STUDENTS PARTICIPATED FROM SEVERAL ARE A HIGH SCHOOLS INCLUDING EDISON, MCLANE AND OTHERS THE 'HOSPITAL DAY' TOUR WAS A COLLABOR ATIVE EFFORT LED BY THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA TO MOTIVATE ST UDENTS WHO MIGHT NOT OTHERWISE HAVE THE OPPORTUNITY TO BE EXPOSED TO HEALTH-RELATED JOBS NOT ONLY DID STUDENTS TOUR THE TRADITIONAL HEALTHCARE AREAS SUCH AS THE OPERATING ROOM, RA DIOLOGY AND THE EMERGENCY DEPARTMENT, FRESNO UNIFIED STUDENTS ALSO LEARNED ABOUT NUTRITION AND FOOD SERVICES WEST FRESNO FAMILY RESOURCE CENTER'S SCHOOL BACKPACK DISTRIBUTION IN AU GUST 2018, COMMUNITY MEDICAL CENTERS PARTICIPATED AS A COLLABORATIVE PARTNER PROVIDING 'BA CK TO SCHOOL' BACKPACKS AND SCHOOL SUPPLIES FOR SOUTHWEST FRESNO CHILDREN THE ANNUAL ACTI VITY, HOSTED BY WEST FRESNO FAMILY RESOURCE CENTER, PROVIDES 1,000 BACKPACKS TO AREA CHILD REN COMMUNITY MEDICAL CENTERS CONTRIBUTED $1,500 TOWARDS THIS EFFORT FRESNO COUNTY ECONO MIC OPPORTUNITY COMMISSION'S MOBILE MEAL BUS IN AN EFFORT TO ADDRESS POVERTY AND FOOD INSE CURITY FACED BY CHILDREN DURING SUMMER MONTHS AND SCHOOL BREAKS, FRESNO ECONOMIC OPPORTUNI TIES' COMMISSION (EOC) LED AN EFFORT TO REFURBISH A BUS TO SERVE CHILDREN AGES 1-18 LIVING IN MOTELS ALONG CENTRAL WEST FRESNO THE AREA, KNOWN AS MOTEL AND PARKWAY DRIVE IS HOME T O TRANSIENT YOUTH AND CHILDREN LIVING IN ENTRENCHED GENERATIONAL POVERTY, WHO IN MANY INST ANCES DEPEND ON SCHOOL MEALS DURING BREAKS, THE MAJORITY OF THESE CHILDREN MAY GO HUNGRY IN ORDER TO SUPPORT FRESNO EOC'S EFFORT TO PROVIDE GOVERNMENT-ISSUED MEALS TO THESE CHILDR EN, FOR BOTH BREAKFAST AND LUNCH, COMMUNITY REGIONAL PROVIDED $25,000 IN A COLLABORATIVE C OMMUNITY EFFORT TOWARDS A CAPITAL FUNDING GOAL OF $90,000 OTHER COMMUNITY INVESTORS INCLU DE FRESNO COUNTY OFFICE OF THE SUPERINTENDENT, LOCAL HOSPITALS AND PRIVATE DONORS THE FIR ST MEALS WERE DISTRIBUTED DURING THE DECEMBER 2018 HOLIDAY SCHOOL BREAK NEIGHBORHOOD LATIN DANCE COMMUNITY MEDICAL CENTERS PROVIDED EVERY NEIGHBORHOOD PARTNERSHIP WITH AN $11,000 C ONTRIBUTION TOWARDS ITS NEIGHBORHOOD LATIN DANCE FITNESS PROGRAM THE PROGRAM KICKED OFF J ULY 2018, AFTER A SERIES OF COMMUNITY MEETINGS WITH SOUTHEAST AND SOUTHWEST FRESNO NEIGHBO RHOOD PARENTS, LOCAL NON-PROFIT ORGANIZATIONS, AND

Form and Line Reference	Explanation
BIRNEY ELEMENTARY SCHOOL CAREER DAY AT CRMC	HEALTHCARE PROVIDERS IN SEEKING PHYSICAL FITNESS OPPORTUNITIES, PARENTS EXPRESSED THE NE ED TO EXERCISE IN SAFE SPACES WITH AN ONGOING SCHEDULE THE GROUP DECIDED TO SEEK FUNDING FOR A PROGRAM THAT TRAINED LEADERS TO BECOME DANCE CLASS INSTRUCTORS FOR THEIR NEIGHBORS PROGRAM FUNDING HELPED PAY FOR A TRAINER TO TEACH LATIN DANCE ROUTINES TO NEIGHBORHOOD LEA DERS AND TO PURCHASE SPEAKER SYSTEMS FOR THE SITES PROGRAM PARTICIPANTS SHARED THAT THE D ANCE SESSIONS HAVE RESULTED IN INCREASED SELF-ESTEEM, A SENSE OF COMMUNITY, AND SOME HAVE EVEN REPORTED WEIGHT LOSS AFTER FOUR MONTHS, THE PROGRAM IS AVAILABLE AT 11 FRESNO UNIFIED SCHOOL SITES AND ONE COMMUNITY CENTER A TOTAL OF 40 NEIGHBORHOOD LEADERS HAVE BEEN TRAIN ED TO LEAD LATIN DANCE CLASSES CLASS ATTENDANCE IS BETWEEN 6 TO 30 PARTICIPANTS PER SESSI ON WEEKLY, ONE-HOUR DANCE SESSIONS ARE HELD FROM MONDAY TO SATURDAY

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

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Form and Line Reference	Explanation
PART III, LINE 3	IT IS ESTIMATED THAT 4% OR $4,549,665 OF THE AMOUNT OF CMC'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD HAVE QUALIFIED UNDER ITS CHARITY CARE POLICY HAD THEY COMPLETED THE NECESSARY APPLICATION DOCUMENTS TO DO SO CMC DOES NOT RECOGNIZE ANY PORTION OF ITS BAD DEBT EXPENSE AS A COMMUNITY BENEFIT

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Form and Line Reference	Explanation
PART III, LINE 4	AUDITED FINANCIAL STATEMENTS NOTE 2, PAGE 12

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Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE SHORTFALL THE MEDICARE SHORTFALL IS TREATED AS COMMUNITY BENEFIT BECAUSE (1) NONNEGOTIABLE MEDICARE RATES ARE SOMETIMES OUT-OF-LINE WITH THE TRUE COSTS OF TREATING MEDICARE PATIENTS, AND (2) BY CONTINUING TO TREAT PATIENTS ELIGIBLE FOR MEDICARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES COSTING METHODOLOGY INPATIENT CARE SERVICES, SKILLED NURSING SERVICES, REHABILITATION SERVICES, AND CERTAIN OUTPATIENT SERVICES RENDERED TO MEDICARE PROGRAM BENEFICIARIES ARE PAID AT PROSPECTIVELY DETERMINED RATES PER DIAGNOSIS THESE RATES VARY ACCORDING TO A PATIENT CLASSIFICATION SYSTEM THAT IS BASED ON CLINICAL, DIAGNOSTIC, AND OTHER FACTORS CERTAIN INPATIENT NONACUTE SERVICES AND MEDICAL EDUCATION COSTS RELATED TO MEDICARE BENEFICIARIES ARE PAID BASED ON A COST-BASED REIMBURSEMENT METHODOLOGY PROFESSIONAL SERVICES ARE REIMBURSED BASED ON A FEE SCHEDULE

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Form and Line Reference	Explanation
PART III, LINE 9B	THOSE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE ARE GENERALLY SUBJECT TO THE NORMAL COLLECTION PROCEDURES FOR ALL PATIENTS THE FOLLOWING SPECIAL CIRCUMSTANCES MAY APPLY (1) RYAN WHITE PATIENTS ARE NOT SUBJECT TO COLLECTIONS ACTIVITY (2) FOR PATIENTS WHO LACK HEALTH INSURANCE COVERAGE, HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSORED COVERAGE OR FOR CMCS CHARITY/DISCOUNTED CARE, OR HAVE OTHERWISE INDICATED THEY MAY QUALIFY FOR SUCH PROGRAMS, CMC WILL NOT KNOWINGLY SEND THE BILL TO A COLLECTION AGENCY PRIOR TO 150 DAYS FROM THE INITIAL TIME OF BILLING (3) FOR PATIENTS WHO LACK HEALTH INSURANCE COVERAGE, HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSORED COVERAGE OR FOR CMCS CHARITY/DISCOUNTED CARE, OR HAVE OTHERWISE INDICATED THEY MAY QUALIFY FOR SUCH PROGRAMS, CMC WILL NOT FILE A CIVIL ACTION AGAINST THE PATIENT DUE TO NONPAYMENT UNTIL AFTER 150 DAYS FROM INITIAL BILLING (4) IF A PATIENT QUALIFIES FOR ASSISTANCE UNDER THIS POLICY, AND IS REASONABLY COOPERATING WITH THE HOSPITAL IN AN EFFORT TO SETTLE AN OUTSTANDING BILL, CMC WILL NOT SEND THE UNPAID BILL TO AN OUTSIDE COLLECTION AGENCY IF THE HOSPITAL KNOWS THAT DOING SO MAY NEGATIVELY IMPACT A PATIENTS CREDIT CMC WILL NOT SEND SUCH A PATIENT'S ACCOUNT TO AN OUTSIDE COLLECTION AGENCY WITHOUT A WRITTEN AGREEMENT THAT THE COLLECTION AGENCY WILL COMPLY WITH CMCS COLLECTION POLICIES (5) THE 150-DAY GRACE PERIOD DISCUSSED ABOVE WILL BE EXTENDED IF THE PATIENT HAS A PENDING APPEAL FOR THE COVERAGE OF SERVICES UNTIL A FINAL DETERMINATION OF THAT APPEAL IS MADE, IF THE PATIENT MAKES A REASONABLE EFFORT TO COMMUNICATE WITH THE HOSPITAL ABOUT THE PROGRESS OF ANY PENDING APPEALS PENDING APPEALS INCLUDE (A) GRIEVANCE AGAINST A CONTRACTING HEALTH SERVICE PLAN, (B) AN INDEPENDENT MEDICAL REVIEW UNDER THE CALIFORNIA INSURANCE CODE, (C) FAIR HEARING FOR A REVIEW OF A MEDI-CAL CLAIM PURSUANT TO THE WELFARE AND INSTITUTIONS CODE, AND (D) APPEAL REGARDING MEDICARE COVERAGE CONSISTENT WITH FEDERAL LAW AND REGULATIONS

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Form and Line Reference	Explanation
PART VI, LINE 2	AS PART OF THE AFFORDABLE CARE ACT, THE ORGANIZATION PARTNERED WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND A DOZEN OTHER VALLEY HOSPITALS TO PUBLISH A COMMUNITY NEEDS ASSESSMENT IN 2016 ADDITIONALLY, EACH OF OUR THREE HOSPITALS DEVELOPED IMPLEMENTATION PLANS TO ADDRESS SOME OF THE KEY NEEDS IDENTIFIED IN THE REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	COMMUNICATION OF FINANCIAL ASSISTANCE POLICIES WITH PATIENTS AND THE PUBLIC 1 CMC SHALL POST NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME, UNINSURED AND UNDER-INSURED PATIENTS THESE NOTICES WILL BE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL, INCLUDING BUT NOT LIMITED TO A ADMITTING/REGISTRATION,B CASHIER WINDOWS,C EMERGENCY DEPARTMENT, ANDD OTHER APPROPRIATE OUTPATIENT SETTINGS 2 THESE POSTED NOTICES REGARDING FINANCIAL ASSISTANCE POLICIES SHALL CONTAIN BRIEF INSTRUCTIONS ON HOW TO APPLY FOR CHARITY CARE OR A DISCOUNTED PAYMENT THE NOTICES WILL ALSO INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION 3 CMC WILL ENSURE THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES INCLUDING THE RYAN WHITE PROGRAM TRAINING WILL BE PROVIDED TO STAFF MEMBERS (E G , BILLING OFFICE, FINANCIAL DEPARTMENT, ETC) WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS 4 WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES, EMPLOYEES WILL ATTEMPT TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS 5 PATIENTS (ADMITTED PATIENTS, AS WELL AS THOSE WHO RECEIVE EMERGENCY OR OUTPATIENT CARE) WILL BE GIVEN WRITTEN NOTICE REGARDING FINANCIAL ASSISTANCE, INCLUDING ELIGIBILITY AND CONTACT INFORMATION THAT IS IN THE PRIMARY LANGUAGE SPOKEN BY THE PATIENT, AS DETERMINED BY CALIFORNIA INSURANCE CODE SECTION 12693 30 (POPULATIONS OVER 5% SERVED BY THE HOSPITAL) AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS 6 CMC WILL SHARE ITS POLICY WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS 7 THE RYAN WHITE SLIDING FEE SCALE IS UPDATED YEARLY ACCORDING TO THE FEDERAL POVERTY GUIDELINES 8 ALL PATIENTS WHO POTENTIALLY QUALIFY FOR DISCOUNTS FOR SERVICES UNDER RYAN WHITE WILL HAVE THEIR FINANCIAL ELIGIBILITY TESTED EVERY SIX MONTHS THE FINANCIAL ASSISTANCE POLICY AND THE APPLICATION ARE ALSO PUBLISHED IN CMC'S WEBSITE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	1 COMMUNITY HAS HISTORICALLY SPENT MORE ON UNCOMPENSATED COMMUNITY BENEFITS THAN ALL OTHER FRESNO-AREA HOSPITALS COMBINED AND, SOME YEARS, NEARLY DOUBLE THEIR COMBINED TOTAL 2 IT ALSO OPERATES THE ONLY COMBINED BURN AND LEVEL 1 TRAUMA UNITS BETWEEN LOS ANGELES AND SACRAMENTO 3 COMMUNITY CONTINUES TO SEEK THE VIEWS OF HEALTH CARE, SOCIAL JUSTICE, BUSINESS, EDUCATION AND POLITICAL LEADERS THROUGH MEETINGS WITH THE CHIEF EXECUTIVE OFFICER AND SENIOR LEADERSHIP

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	COMMUNITY REGIONAL MEDICAL CENTER 2823 FRESNO ST FRESNO, CA 93721 WWW COMMUNITYMEDICAL ORG 040000096	X	X		X		X	X			A
2	CLOVIS COMMUNITY MEDICAL CENTER 2755 HERNDON CLOVIS, CA 93612 WWW COMMUNITYMEDICAL ORG 040000004	X	X					X			A
3	FRESNO HEART AND SURGICAL HOSPITAL 15 E AUDUBON FRESNO, CA 93720 WWW COMMUNITYMEDICAL ORG 040000096	X	X								A

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
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 COMMUNITY REGIONAL MEDICAL CENTER, - FACILITY 2 CLOVIS COMMUNITY MEDICAL CENTER, - FACILITY 3 FRESNO HEART AND SURGICAL HOSPITAL

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5	FOCUS GROUPS, SURVEYS AND INTERVIEWS WERE CONDUCTED THE SURVEY WAS AVAILABLE TO PARTICIPANTS IN ENGLISH AND SPANISH IN BOTH ONLINE SURVEY AND PAPER COPIES THE SURVEY WAS COMPLETED BY OVER 1,100 HEALTHCARE PROVIDERS AND COMMUNITY MEMBERS INTERVIEWS WERE ALSO CONDUCTED WITH PUBLIC HEALTH DIRECTORS/OFFICERS IN ALL FOUR COUNTIES, THE CEOS OR SENIOR EXECUTIVES OF EIGHT HOSPITALS AND OTHER STAKEHOLDERS THAT PLAY A VARIETY OF ROLES IN THE REGION'S HEALTH SERVICES
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A	FIFTEEN FACILITIES OVER FOUR CENTRAL VALLEY COUNTIES COLLABORATED ON THIS REPORT IN ADDITION TO COMMUNITY REGIONAL MEDICAL CENTER, THE OTHERS WERE CLOVIS COMMUNITY MEDICAL CENTER, ADVENTIST HEALTH/ADVENTIST MEDICAL CENTER - HANFORD, ADVENTIST MEDICAL CENTER - REEDLEY, CORCORAN DISTRICT HOSPITAL, CHILDREN'S HOSPITAL CENTRAL CALIFORNIA, KAISER PERMANENTE FRESNO MEDICAL CENTER, KAWEAH DELTA HEALTH CARE DISTRICT, MADERA COMMUNITY HOSPITAL, SAN JOAQUIN VALLEY REHABILITIATION HOSPITAL, SAINT AGNES MEDICAL CENTER AND TULARE REGIONAL MEDICAL CENTER

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11	THE HOSPITAL IS ADDRESSING THE HEALTH NEEDS IN THE REPORT THROUGH A DIRECT PROGRAM/SERVICE APPROACH AS WELL AS A LEADERSHIP AND PARTICIPATION IN BROAD MULTI-STAKEHOLDER COLLABORATIVES THAT INCLUDE PUBLIC HEALTH, COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, BUSINESS AND OTHERS COLLABORATIVES PROVIDE COMMUNITY-WIDE, TARGETED APPROACHES TO ADDRESS THE REGION'S COMPLEX HEALTHCARE NEEDS
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 13H	MEDICAL EXPENSES FOR PATIENTS OR THEIR FAMILY (INCURRED AT CMC OR OTHER PROVIDERS IN THE LAST 12 MONTHS) EXCEEDS 10% OF THE PATIENT'S FAMILY INCOME

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
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16J	OSHPD HAS CREATED A WEB-BASED SYSTEM THAT WILL ALLOW USERS TO SEARCH, COMPARE, AND VIEW EACH HOSPITAL'S SUBMITTED CHARITY CARE POLICY, DISCOUNT PAYMENT POLICY, ELIGIBILITY PROCEDURES, REVIEW PROCESS, AND APPLICATION FORM ACCESS OSHPD'S HOSPITAL FAIR PRICING SEARCH SYSTEM AT HTTPS //SYFPHR OSHPD CA GOV/#FRESNO-COUNTY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

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 . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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)					
(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
PART I, LINE 2	THE ORGANIZATION DOES NOT HAVE A GRANT PROCEDURE FOR MONITORING THE USE OF FUNDS

Additional Data

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

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
FMAAA 3837 N CLARK ST FRESNO, CA 93726	94-2663924	501(C)(3)		589,278	FMV	BUILDING	BUILDING DONATION
UCSF FOUNDATION 155 N FRESNO ST FRESNO, CA 93721	94-2829914	501(C)(3)	100,000				MEDICAL EDUCATION

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
CHFT 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(C)(3)	20,000				CHFT HOSPITAL WORKERS FOR FIRE RELIEF FUND
MADERA COMMUNITY HOSPITAL PO BOX 742380 FILE 73 LOS ANGELES, CA 900742380	23-7429117	501(C)(3)	250,000				MENDOTA CLINIC

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
BIRNEY ELEMENTARY SCHOOL 3034 E CORNELL AVE FRESNO, CA 93703	94-6002206	501(C)(3)		9,269	FMV	SOFTWARE	EDUCATIONAL SOFTWARE
FRESNO EOC FOOD SERVICE 3100 W NIELSE AVE FRESNO, CA 93706	94-1606519	501(C)(3)	25,000				SPONSORSHIP FOR MOBILE MEAL BUS

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
FRESNO RESCUE MISSION PO BOX 1422 FRESNO, CA 93716	94-1279785	501(C)(3)	102,000				SPONSORSHIP FOR RESPITE BEDS
LEUKEMIA & LYMPHOMA SOCIETY 340 W FALLBROOK AVE STE 101 FRESNO, CA 93711	13-5644916	501(C)(3)	30,000				SPONSORSHIP

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
CENTRAL CALIFORNIA WOMEN'S CONFERENCE PO BOX 998 ATWATER, CA 95301	77-0178140	501(C)(3)	45,000				SPONSORSHIP
AMERICAN HEART ASSOCIATION 1710 GILBRETH ROAD BURLINGAME, CA 94010	13-5613797	501(C)(3)	100,000				SPONSORSHIP

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
SANTE HEALTH FOUNDATION 7370 NORTH PALM AVENUE FRESNO, CA 93711	20-0517238	501(C)(3)	28,751,033				TO SUPPORT EFFORTS TO RECRUIT NEEDED SPECIALISTS AND PRIMARY CARE PHYSICIANS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**	Yes	
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
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**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TRAVEL COMPENSATION IS PROVIDED FOR THE CEO'S CHILDREN THIS COMPENSATION IS TAXABLE TO THE CEO
PART I, LINE 3	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS DESCRIBED TO ESTABLISH THE CEO'S COMPENSATION
PART I, LINES 4A-B	THE ORGANIZATION AND DAVID CLARK, CRMC COO, ENTERED INTO A SEVERANCE AGREEMENT WHEREBY MR CLARK WILL RECEIVE 23 BIWEEKLY PAYMENTS OF $17,000 BEGINNING 11/11/2017 AND ONE LAST PAYMENT FOR $14,167 ON 9/29/18 LINE 4B THE FOLLOWING EMPLOYEES PARTICIPATED IN SERP PLANS DURING THE YEAR, THE FOLLOWING CONTRIBUTIONS WERE MADE TO THESE PLANS - CRAIG WAGONER $74,675 - PATRICK RAFFERTY $324,243 - CRAIG CASTRO $79,826 - WANDA HOLDERMAN $43,390 - THOMAS UTECHT $51,460 - JOSEPH NOWICKI $54,218
PART I, LINE 5	THE ORGANIZATION'S EXECUTIVE INCENTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD KEY MEMBERS OF THE EXECUTIVE TEAM FOR MEETING SPECIFIC AND MEASURABLE GOALS AT THE HEALTH SYSTEM AND INDIVIDUAL LEVELS THE MAIN OBJECTIVES ARE - MOTIVATE EXECUTIVES AND REWARD THEM FOR IMPROVING CMC'S OPERATIONAL PERFORMANCE, - INCREASE COMMUNITY INVOLVEMENT AND EFFECTIVENESS, - INCREASE EXECUTIVE COMMITMENT TO CMC'S SHORT AND LONG TERM GOALS, - PROVIDE EXECUTIVES WITH COMPETITIVE BUT REASONABLE COMPENSATION, - AND ATTRACT AND RETAIN HIGHLY TALENTED EXECTUVIES THAT ARE CRITICALLY IMPORTANT TO THE SUCCESS OF THE ORGANIZATION
PART I, LINE 6	SEE RESPONSE FOR QUESTION 5

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIM JOSLIN CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,148,275	232,294	161,176	16,200	13,897	1,571,842	0
1 PATRICK RAFFERTY THRU 818 EVP CHIEF OPERATIONS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	692,505	122,158	81,356	340,443	12,739	1,249,201	0
2JOSEPH NOWICKI SVP CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	524,849	113,958	96,131	70,418	18,622	823,978	0
3CRAIG CASTRO EVP CHIEF OPERATIONS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	746,850	400,946	124,613	98,726	19,430	1,390,565	0
4CRAIG WAGONER CHIEF OPERATIONS OFFICER	(i)	689,856	134,730	65,165	88,175	15,490	993,416	0
	(ii)	0	0	0	0	0	0	0
5THOMAS UTECHT SVP CHIEF QUALITY OFFICER	(i)	493,812	109,942	83,572	51,460	19,332	758,118	0
	(ii)	0	0	0	0	0	0	0
6WANDA HOLDERMAN SVP CHIEF CLINICAL INTERGRATION OFFI	(i)	418,912	78,189	66,069	59,590	13,385	636,145	0
	(ii)	0	0	0	0	0	0	0
7TRACY KIRITANI CHIEF FINANCIAL OFFICER AC	(i)	387,368	45,890	41,143	18,900	7,917	501,218	0
	(ii)	0	0	0	0	0	0	0
8MARK KESTNER THRU 818 CHIEF MEDICAL INNOVATION OFFICER	(i)	453,644	56,984	8,429	0	13,515	532,572	0
	(ii)	0	0	0	0	0	0	0
9JOHN KASS CHIEF OPERATIONS OFFICER CCMC	(i)	294,781	37,502	26,646	0	7,568	366,497	0
	(ii)	0	0	0	0	0	0	0
10 DAVID CLARK THRU 1017 CHIEF OPERATIONS OFFICER CRMC	(i)	360,706	55,250	169,429	0	17,978	603,363	0
	(ii)	0	0	0	0	0	0	0
11BERJ APKARIAN EXEC DIR PHYSICIAN RELATIONS	(i)	240,572	23,962	23,484	19,302	7,539	314,859	0
	(ii)	0	0	0	0	0	0	0
12CHRISTOPHER NEUMAN CHIEF FINANCIAL OFFICER CRMC	(i)	409,282	69,724	2,409	0	18,250	499,665	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in 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

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TVWO	07-01-2015	128,617,535	CONSTRUCTION & REFUNDING		X		X		X
B	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TS20	02-01-2017	429,863,267	CONSTRUCTION & REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	128,617,535	430,205,457		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	76,823,699	377,082,317		
7	Issuance costs from proceeds	1,793,836	2,780,950		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	50,000,000	50,342,190		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2018		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
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 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
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?								
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	ROW A SERIES 2015 BONDS REFUNDED A PORTION OF THE SERIES 2007 BONDS OUTSTANDING WITH A PAR AMOUNT OF $74,025,000 ROW B SERIES 2017 REFUNDED THE FOLLOWING REFUNDED A PORTION OF THE SERIES 2007 BONDS OUTSTANDING WITH A PAR AMOUNT OF $213,100,000, SERIES BONDS 2009 PAR AMOUNT $182,365,000

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	COLUMN B TOTAL PROCEEDS OF ISSUE = ISSUE PRICE + PROJECT FUND EARNINGS OF $342,190

Return Reference	Explanation
SCHEDULE K COMBINED SUPPLEMENTAL INFORMATION	THE ORGANIZATION AND COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA HAVE ESTABLISHED AN OBLIGATED GROUP TO ACCESS CAPITAL MARKETS THE OBLIGATED GROUP MEMBERS ARE JOINTLY AND SEVERALLY LIABLE FOR LONG-TERM DEBT OUTSTANDING UNDER THE OBLIGATED GROUPS MASTER TRUST INDENTURE THE ORGANIZATION IS THE PRIMARY BENEFICIARY OF THE TAX-EXEMPT BOND PROCEEDS AND FILES SCHEDULE K FOR THE BENEFIT OF ALL MEMBERS OF THE OBLIGATED GROUP

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) TIM JOSLIN	OFFICER	SPLIT INTEREST INSURANCE		X	4,520,093	5,128,384		No	Yes		Yes	
(2) TIM JOSLIN	OFFICER	SPLIT INTEREST INSURANCE		X	219,000	249,133		No	Yes		Yes	
(3) TIM JOSLIN	OFFICER	SPLIT INTEREST INSURANCE		X	219,000	236,850		No	Yes		Yes	
Total					▶ $	5,614,367						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WOMEN'S SPECIALTY & FERTILITY CENTER INC	ENTITY MORE THAN 35% OWNED BY MICHAEL SYNN, BOARD MEMBER	185,929	MEDICAL STAFF COMMITTEE		No
(2) MATTHEW JOSLIN	FAMILY MEMBER OF TIM JOSLIN, CEO	209,554	EMPLOYMENT		No
(3) CHRIS A VENUGOPAL	FAMILY MEMBER OF CHANDRASEKAR VENUGOPAL, BOARD MEMBER	163,946	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART II, LOANS TO AND/OR FROM INTERESTED PERSONS	(C) PURPOSE OF LOAN THE ORGANIZATION HAS ENTERED INTO A COLLATERAL ASSIGNMENT SPLIT DOLLAR AGREEMENT WITH TIM JOSLIN UNDER TREAS REG SECTION 1 7872-15(E)(5)(II) THE ORGANIZATION HAS INVESTED $4,958,093 INTO THIS PLAN AND IS ENTITLED TO RECEIVE A RETURN OF THESE FUNDS, PLUS AN INTEREST RATE OF 2 55% UPON THE DEATH OF TIM JOSLIN

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Employer identification number
94-1156276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1 & 2	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA IS THE COMMON PAYMASTER FOR THE ORGANIZATION, COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION, AND ITSELF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA (CHCC) IS THE SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CHCC HAS THE SOLE AND EXCLUSIVE RIGHT TO ELECT ALL MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CHCC IS THE SOLE MEMBER OF THIS ENTITY AS SUCH, IT HAS THE RIGHTS OF MEMBERS CONFERRED BY CHAPTER 3 OF THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW, SECTIONS 5310-5354, WHICH INCL UDES THE RIGHTS TO APPROVE AMENDMENTS TO THE ARTICLES, BYLAWS AND SALE OF ASSETS OUTSIDE T HE NORMAL COURSE OF BUSINESS THE MOST RECENT AMENDED ARTICLES OF INCORPORATION PROVIDES T HAT UPON DISSOLUTION ALL REMAINING ASSETS WILL BE DISTRIBUTED TO CHCC OR ITS SUCCESSOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON COMPLETION OF AN INITIAL REVIEW BY SENIOR MANAGEMENT, THE FORM IS REVIEWED AT A MEETI NG OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE FINALIZED FORM 990 THEN BECOME S A RECORD OF THE ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF COMMITTEE WITH BOARD DELEGATED POW ERS SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) HAS RECEIVED A COPY OF THE CONFLIC TS OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WIT H THE POLICY, AND 4) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THA T IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES W HICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES TO ENSURE THAT THE CORPORATION OPE RATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN A CTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME T AX, PERIODIC REVIEWS ARE CONDUCTED THE PERIODIC REVIEWS, AT A MINIMUM, INCLUDE THE FOLLOW ING SUBJECTS 1) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, 2) WHETHER ACQUISITIONS OF PHYSICIAN PRACTICES AND OTHE R PROVIDER SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT, 3) WHETHER PARTN ERSHIP AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE ORGANIZATIO NS AND PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED , REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATIONS CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT, AND 4) WHETHER A GREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEE S, AND THIRD PARTY PAYORS FURTHER THE CORPORATIONS CHARITABLE PURPOSES AND DO NOT RESULT I N INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT FORM 990, PART VI, SECTION B, LINE 15A CHCC , THE SOLE MEMBER OF FCH&MC, ESTABLISHES COMPENSATION FOR THE CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION RESTS WITH THE BOARD'S EXECUTIVE CO MPENSATION SUBCOMMITTEE THE COMMITTEE WILL "CONSIDER ALL MATTERS INVOLVING COMPENSATION A ND BENEFITS OF (I) CORPORATE OFFICERS WHO ARE CLASSIFIED AS "DISQUALIFIED PERSONS" PURSUAN T TO INTERNAL REVENUE CODE SECTION 4958, (II) ALL OTHER CORPORATE OFFICERS WHO ARE SENIOR VICE PRESIDENTS AND EXECUTIVE VICE PRESIDENTS AND (III) THE PRESIDENT/CHIEF EXECUTIVE OFFI CER " THROUGH THE EXECUTIVE COMPENSATION SUBCOMMITTEE, THE BOARD HAS ENGAGED SULLIVAN, COT TER AND ASSOCIATES, INC TO CONDUCT A TOTAL COMPENSATION REVIEW FOR THOSE INDIVIDUALS IDEN TIFIED IN THEIR SCOPE OF RESPONSIBILITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION CONSOLIDATES THE RESULTS OF ITS FINANCIAL OPERATIONS WITH THOSE OF ITS NONPROFIT AND FOR-PROFIT AFFILI ATES TO ISSUE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE BUSINESS NAME COMMUNITY MEDICAL CENTER THESE AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH ELECTRONIC MUNIC IPAL MARKET ACCESS (EMMA) AT EMMA MSRB ORG GOVERNING DOCUMENTS AND CONFLICT OF INTEREST P OLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES PROGRAM SERVICE EXPENSES 130,603,128 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 130,603,128 MD SUPERVISORY FEES PROGRAM SERVICE EXPENSES 8,814,008 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,814,008 CONSULTING & MANAGEMENT FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 878,522 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 878,522 MEDICAL PURCHASED SERVICE PROGRAM SERVICE EXPENSES 11,890,198 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,890,198 LINEN SERVICES PROGRAM SERVICE EXPENSES 2,465,039 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,465,039 AMBULANCE SERVICE PROGRAM SERVICE EXPENSES 1,918,971 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,918,971 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 54,546,245 MANAGEMENT AND GENERAL EXPENSES 10,389,761 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,936,006

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UBI FROM PASSTHROUGH INVESTMENTS -72,224

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS	SUBSEQUENT TO THE ISSUANCE OF THE AUGUST 31, 2017 CONSOLIDATED FINANCIAL STATEMENTS, FCH&MC IDENTIFIED MEDICARE OUTPATIENT OUTLIER OVERPAYMENTS FOR FISCAL YEARS 2014, 2015 AND 2016 OF APPROXIMATELY $29,746,000 IN TOTAL OF OVERSTATED COST-REIMBURSEMENT REVENUES DURING THOSE YEARS FCH&MC DETERMINED THAT THIS CONSTITUTES AN ERROR IN THE PREVIOUSLY ISSUED FINANCIAL STATEMENTS THE ADJUSTMENT AFFECTED UNRESTRICTED NET ASSETS AND THIRD-PARTY SETTLEMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

Name of the organization
FRESNO COMMUNITY HOSPITAL
AND MEDICAL CENTER

Employer identification number
94-1156276

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CRMC CARDIOVASCULAR CO-MANAGEMENT LLC 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611	INACTIVE	CA	0	0	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER
(2) CRMC ORTHOPEDIC CO-MANAGEMENT LLC 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611	INACTIVE	CA	0	0	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PO BOX 1232 FRESNO, CA 93715 94-2864615	HOSPITAL	CA	501(C)(3)	LINE 12B, II	N/A		No
(2) COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION PO BOX 1232 FRESNO, CA 93715 77-0191730	SUPPORTING ORGANIZATION	CA	501(C)(3)	LINE 7	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	Yes	
(3) SIERRA HOSPITAL FOUNDATION PO BOX 1232 FRESNO, CA 93715 94-1431181	INACTIVE	CA	501(C)(3)	LINE 3	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	Yes	

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

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

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	(i) No
(1)COMMUNITY INSURANCE SERVICES COMPANY 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611 98-0674776	INSURANCE	CJ	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER	C	4,313,216	31,949,771	100 000 %	Yes	
(2)COMMUNITY CARE HEALTH PLAN INC 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611 27-3353543	HEALTH CARE PLAN	CA	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER	C	172,451	10,906,295	100 000 %	Yes	
(3)COMMUNITY HEALTH ENTERPRISES INC 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611 77-0175659	PHARMACY SALES	CA	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER	C	1,419,723	1,483,885	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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION	C	7,884,925	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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