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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021

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
SEE SCHEDULE O

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) 459-6000

G Gross receipts $ 2,848,646,966

F Name and address of principal officer:
CRAIG S CASTRO
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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	7,590
6	Total number of volunteers (estimate if necessary)	**6**	97
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,722,726
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	185,154

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,863,970	6,757,250
9	Program service revenue (Part VIII, line 2g)	1,750,632,391	1,866,455,109
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,731,476	35,900,342
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,940,909	4,589,644
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,799,168,746	1,913,702,345
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,161,305	585,167
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)	796,465,489	885,963,000
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)	903,944,403	978,971,097
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,716,571,197	1,865,519,264
19	Revenue less expenses. Subtract line 18 from line 12	82,597,549	48,183,081

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,521,392,526	2,723,343,481
21	Total liabilities (Part X, line 26)	1,000,740,111	1,103,621,119
22	Net assets or fund balances. Subtract line 21 from line 20	1,520,652,415	1,619,722,362

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

****** 2022-07-08
Signature of officer Date

DEBORAH MOFFETT VP, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-07-08		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 $ 1,699,648,187 including grants of $ 585,167) (Revenue $ 1,848,022,230)

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 ▶** 1,699,648,187

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		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
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
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	496		
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		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	7,590		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	14		
	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**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 AVENUE 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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								3,243,472	11,960,321	1,379,560

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 ▶ 1,582

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
CARDINAL HEALTH PO BOX 56412 LOS ANGELES, CA 90074	MEDICAL	113,961,423
CLARK CONSTRUCTION 677 D N MEDICAL CENTER DR EAST CLOVIS, CA 93611	CONSTRUCTION SERVICES	92,113,142
CCFMG 2625 EAST DIVISADERO FRESNO, CA 93721	MEDICAL	53,473,814
MEDLINE INDUSTRIES INC DEPT LA 21588 PASADENA, CA 91185	MEDICAL	52,500,297
COMMUNITY HOSPITALIST MED GRP 7370 N PALM AVE FRESNO, CA 93711	MEDICAL	40,294,024

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 ▶ 405

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**	2,937,656			
	e Government grants (contributions) **1e**	3,819,594			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	6,757,250			
Program Service Revenue		Business Code			
	2a MEDICAL SERVICE	622110	1,822,098,375	1,822,098,375	
	b GRANTS AND CONTRACTS	622110	24,848,102	24,848,102	
	c PHARMACY SALES	446110	18,458,929	217,377	18,241,552
	d INCOME FR PARTNERSHIPS	622110	1,049,703	858,376	191,327
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	1,866,455,109			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		28,350,895		28,350,895
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	942,120,822	373,246		
	b Less: cost or other basis and sales expenses **7b**	934,909,867	34,754		
	c Gain or (loss) **7c**	7,210,955	338,492		
	d Net gain or (loss) . . . . . ▶		7,549,447		7,549,447
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a HOSPITAL CAFETERIA REV	722320	4,299,797		4,299,797
	b PARKING AND SECURITY	812930	289,847	289,847	
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		4,589,644		
	12 Total revenue. See instructions . . . . . ▶		1,913,702,345	1,848,022,230	18,722,726	40,200,139

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	585,167	585,167		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,755,145		7,755,145	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	710,906	710,906		
7 Other salaries and wages	720,668,441	626,981,544	93,686,897	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,338,051	21,174,104	3,163,947	
9 Other employee benefits	84,629,986	73,628,088	11,001,898	
10 Payroll taxes	47,860,471	41,638,610	6,221,861	
11 Fees for services (non-employees):				
a Management				
b Legal	333,211		333,211	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,784,253		1,784,253	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	313,708,069	300,992,646	12,715,423	
12 Advertising and promotion	1,249,505		1,249,505	
13 Office expenses	4,440,739		4,440,739	
14 Information technology				
15 Royalties				
16 Occupancy	25,412,781	21,346,736	4,066,045	
17 Travel	329,253	276,573	52,680	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,102	64,102		
20 Interest	14,172,158	11,904,612	2,267,546	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,569,575	61,798,443	11,771,132	
23 Insurance	11,062,767	9,292,724	1,770,043	
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	366,621,263	366,621,263		
b MEDI-CAL PROVIDER FEE	108,167,617	108,167,617		
c MINOR EQUIPMENT	27,578,374	27,578,374		
d PROVISION FOR BAD DEBT	2,557,892	2,557,892		
e All other expenses	27,919,538	24,328,786	3,590,752	
25 **Total functional expenses.** Add lines 1 through 24e	1,865,519,264	1,699,648,187	165,871,077	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		125,671,755	2	59,151,550
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		220,449,663	4	345,942,716
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		14,537,294	5	16,296,765
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		3,192,472	7	3,628,685
	8	Inventories for sale or use		20,566,102	8	19,558,499
	9	Prepaid expenses and deferred charges		30,674,661	9	56,287,425
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,855,374,875			
	b	Less: accumulated depreciation	10b 704,297,593	1,032,147,292	10c	1,151,077,282
	11	Investments—publicly traded securities		804,312,854	11	922,708,420
	12	Investments—other securities. See Part IV, line 11		28,062,783	12	28,481,456
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		241,777,650	15	120,210,683
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,521,392,526	16	2,723,343,481
Liabilities	17	Accounts payable and accrued expenses		311,252,050	17	502,301,772
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		514,327,643	20	502,852,541
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,834,203	23	8,149,333
	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		169,326,215	25	90,317,473
	26	**Total liabilities.** Add lines 17 through 25		1,000,740,111	26	1,103,621,119
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,520,652,415	27	1,619,722,362
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,520,652,415	32	1,619,722,362
	33	Total liabilities and net assets/fund balances		2,521,392,526	33	2,723,343,481

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	1,913,702,345
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,865,519,264
3	Revenue less expenses. Subtract line 2 from line 1	3	48,183,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,520,652,415
5	Net unrealized gains (losses) on investments	5	50,886,866
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,619,722,362

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 (2020)

Form 990, Part III, Line 4a:

FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER OPERATES TWO ACUTE-CARE 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"), AND (III) HIV AND OMFS SERVICES ARE OFFERED AT THE DERAN KOLIGIAN AMBULATORY CARE CENTER LOCATED ON THE CRMC MAIN CAMPUS (THE "FRESNO CAMPUS"). - CLOVIS COMMUNITY MEDICAL CENTER. CCMC IS LOCATED IN THE CITY OF CLOVIS (WHICH IS CONTIGUOUS TO THE CITY OF FRESNO), WHERE IT SERVES THE PRIMARY SERVICE AREA AND, TO A LESSER DEGREE, THE SECONDARY SERVICE AREA. THE CMC CAMPUS IN CLOVIS (THE "CLOVIS CAMPUS") INCLUDES THE MAIN FACILITY, WHICH CONSISTS OF AN ACUTE CARE HOSPITAL WITH A FIVE-STORY TOWER AND A THREE-STORY TOWER CONNECTED TO AN OUTPATIENT SURGERY/ENDOSCOPY/DIAGNOSTIC CENTER. THE FACILITY HAS ALL PRIVATE ROOMS. THE FACILITY PROVIDES: (I) COMPREHENSIVE MEDICAL AND SURGICAL CAPABILITIES, (II) 24-HOUR EMERGENCY CARE, (III) AN INTENSIVE CARE UNIT, (IV) THE COMMUNITY FAMILY BIRTH CENTER, (V) THE MARJORIE E. RADIN BREAST CARE CENTER (VI) SHORT STAY AND INPATIENT SURGICAL SERVICES, INCLUDING ROBOTICS AND ADVANCED MINIMALLY INVASIVE SURGERY, (VII) A LEVEL II NEONATAL INTENSIVE CARE UNIT, (VIII) INPATIENT CANCER TREATMENT, (IX) PATHOLOGY AND CLINICAL LABORATORY SERVICES, (X) ADVANCED DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, AND (XI) INVASIVE AND NON-INVASIVE CARDIAC SERVICES. OTHER FACILITIES AND SERVICES PROVIDED ON THE CLOVIS CAMPUS INCLUDE: (I) AN OUTPATIENT WOUND CARE CLINIC WITH TWO HYPERBARIC OXYGEN CHAMBERS, (II) AN OUTPATIENT PHYSICAL REHABILITATION CLINIC, INCLUDING LYMPHEDEMA THERAPY, (III) COMMUNITY CANCER INSTITUTE (CCI), A THREE-STORY BUILDING WHICH IS CENTRAL CALIFORNIA'S PREMIER COMPREHENSIVE CANCER CARE CENTER - AND THE ONLY ONE IN THE AREA WITH MANY OUTPATIENT SERVICES IN A SINGLE LOCATION, AND (IV) THE H. MARCUS RADIN CONFERENCE CENTER, WHICH OPENED IN 2012 AND PROVIDES A 214- SEAT AUDITORIUM THAT IS FULLY INTEGRATED FOR TRAINING IN CHS'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. CHS 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. CHS 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, CHS SPONSORS NUMEROUS HEALTH PROMOTION AND EDUCATION PROGRAMS FOR ITS EMPLOYEES AND MEMBERS OF THE COMMUNITY IN MANY AREAS, INCLUDING ASTHMA, DIABETES, NUTRITION AND WEIGHT CONTROL, STRESS MANAGEMENT, HEALTH AND WELLNESS, AND SMOKING CESSATION. THE ORGANIZATION IS AN ACTIVE PARTNER IN SEVERAL COMMUNITY SERVICE PROJECTS SUPPORTING EDUCATION IN HEALTH CAREERS FOR HIGH SCHOOLS AND OTHER COMMUNITY GROUPS. TO ADDRESS THE NATION-WIDE NURSING SHORTAGE, THE ORGANIZATION HAS IMPLEMENTED SEVERAL SYSTEM-WIDE INITIATIVES TO INCREASE RECRUITMENT AND RETENTION INCLUDING THE IMPLEMENTATION OF A NURSE RESIDENCY PROGRAM AND CLINICAL LADDER, BOTH DESIGNED TO EXPAND THE EDUCATION OF NEW NURSES AND PROMOTE RETENTION OF A HIGHER PERCENTAGE OF THESE NURSES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM JOSLIN - FORMER PRESIDENT CHIEF EXECUTIVE OFFICER THRU 07/20	55.00 5.00				X			0	4,641,443	22,780
CRAIG CASTRO - PRESIDENT CHIEF EXECUTIVE OFFICER	55.00 5.00			X				0	1,523,181	916,416
CRAIG WAGONER EVP, CHIEF OPERATING OFFICER	55.00 6.90				X			0	1,359,660	31,510
THOMAS UTECHT SVP, CHIEF QUALITY OFFICER	50.00 5.00					X		937,877	0	41,473
JOSEPH NOWICKI SVP, CORPORATE CFO THRU 12/20	55.00 5.00			X				0	935,322	35,907
ALDO DE LA TORRE SVP, NETWORK DEVELOPMENT	50.00 6.90				X			0	872,513	35,447
CARLA MILTON SVP, HUMAN RESOURCES	50.00 6.90				X			0	668,932	35,326
CHRISTOPHER NEUMAN SVP, CHIEF OPERATING OFFICER	50.00 5.00					X		598,389	0	35,276
TRACY KIRITANI CHIEF FINANCIAL OFFICER	50.00 5.00					X		589,177	0	30,708
BRIANNE L MARRIOTT SVP, CHIEF LEGAL OFFICER	50.00 5.00				X			0	571,100	32,271

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			
WANDA HOLDERMAN - SVP CHIEF CLINICAL INTGT OFFICER THRU 07/20	50.00 / 5.00					X		572,211	0	24,655
JEFFREY THOMAS - CHIEF MEDICAL & QUALITY OFFICER - CRMC	50.00 / 5.00					X		545,818	0	32,482
DEBORAH MOFFETT - VP FINANCE INTERIM CFO/VICE FINANCIAL OFFICER	50.00 / 5.00			X				0	411,319	30,425
PATRICK T RAMIREZ SVP, COMMUNITY PROVIDER NETWORK	0.00 / 60.00				X			0	375,224	34,641
JUANITA HERNANDEZ - VICE SECRETARY/DIRECTOR, CORP GOVERNANCE	50.00 / 5.00			X				0	236,871	29,477
ROBYNN L VAN PATTEN - FORMER SVP, CHIEF LEGAL OFFICER THRU 06/19	0.00 / 0.00						X	0	244,526	10,766
AJIT ARORA MD BOARD MEMBER THRU 07/21	1.40 / 0.50	X						0	117,230	0
RONALD BIERMA MD BOARD MEMBER	1.40 / 0.50	X						0	3,000	0
ROGER LARSEN SVP, CORPORATE CFO AS OF 06/21	55.00 / 5.00			X				0	0	0
FARID ASSEMI CHAIR	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			
LINZIE DANIEL PAST CHAIR	1.40 0.50	X		X				0	0	0
ROGER STURDEVANT CHAIR ELECT	1.40 2.40	X		X				0	0	0
SUSAN ABUNDIS SECRETARY	1.40 0.50	X		X				0	0	0
KEITH BOONE MD BOARD MEMBER	1.40 0.50	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
GREG ESTEP BOARD MEMBER	1.40 0.50	X						0	0	0
WAGIH IBRAHIM MD BOARD MEMBER AS OF 01/20	1.40 0.50	X						0	0	0
REN IMAI MD BOARD MEMBER THRU 12/20	1.40 0.50	X						0	0	0
JOSEPH JONES PHD BOARD MEMBER	1.40 0.50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN MCCAFFREY BOARD MEMBER	1.40 0.50	X						0	0	0
JOHN MCGREGOR BOARD MEMBER	1.40 0.50	X						0	0	0
RUTHIE QUINTO BOARD MEMBER	1.40 0.50	X						0	0	0
CHANDRASEKAR VENUGOPAL MD BOARD MEMBER	1.40 0.50	X						0	0	0

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 7/25/06, 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 FASB 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 FASB 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 FASB 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 Term 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)		

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	15,917,825	15,265,158		31,182,983
b Buildings		1,013,230,553	335,438,301	677,792,252
c Leasehold improvements		6,218,953	4,953,798	1,265,155
d Equipment		457,783,989	360,912,206	96,871,783
e Other		346,958,397	2,993,288	343,965,109
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,151,077,282

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	5,518,637
(3) GROUP HEALTH	2,760,112
(4) MALPRACTICE - IBNR	4,441,000
(5) WORKERS COMPENSATION RESERVE	33,994,000
(6) PHYSICIAN GUARANTEE PAYABLE	1,528,750
(7) LEASE LIABILITY	28,982,984
(8) DEFERRED TAXES	13,091,990
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	90,317,473

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			35,031,687
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			35,031,687

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ACCRUAL METHOD

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,818,716
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPTIVE INSURANCE	28,212,971

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

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: ☐ 100% ☐ 150% ☐ 200% ☑ Other 35000.0000000000 %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 35100.0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was 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)			10,383,561		10,383,561	0.560 %
b Medicaid (from Worksheet 3, column a)			398,662,065	223,703,615	174,958,450	9.390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			409,045,626	223,703,615	185,342,011	9.950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,869,388		1,869,388	0.100 %
f Health professions education (from Worksheet 5)			50,807,785	7,240,207	43,567,578	2.340 %
g Subsidized health services (from Worksheet 6)	2	259	161,650		161,650	0.010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	25,690	250,732		250,732	0.010 %
j **Total.** Other Benefits	4	25,949	53,089,555	7,240,207	45,849,348	2.460 %
k **Total.** Add lines 7d and 7j	4	25,949	462,135,181	230,943,822	231,191,359	12.410 %

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	3	2,471	134,150		134,150	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		1,400		1,400	0 %
7 Community health improvement advocacy	1		434		434	0 %
8 Workforce development	1	12	6,130		6,130	0 %
9 Other						
10 Total	6	2,483	142,114		142,114	0.010 %

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 Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,557,892		
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	0		
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	302,460,331		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	364,079,271		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-61,618,940		
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?

2

	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)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	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 19			
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): SEE PART V			
b	☑ Other website (list url): SEE PART V			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V			
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 350.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
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): SEE PART V			
b ☑	The FAP application form was widely available on a website (list url): SEE PART V			
c ☑	A plain language summary of the FAP was widely available on a website (list url): SEE PART V			
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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? **5**

	Name and address	Type of Facility (describe)
1	1 - COMMUNITY CANCER INSTITUTE 785 NORTH MEDICAL CENTER DR W CLOVIS, CA 93611	OUTPATIENT CANCER CENTER INCLUDED IN CCMC HOSPITAL LICENSE
2	2 - DERAN KOLIGIAN AMBULATORY CARE CENTER 290 N WAYTE LANE FRESNO, CA 93701	CLINICS: OMFS SURGERY, HIV/AIDS INCLUDED IN CRMC HOSPITAL LICENSE
3	3 - COMMUNITY BEHAVIORAL HEALTH CENTER 7171 N CEDAR AVE FRESNO, CA 93720	PSYCHIATRIC CARE FACILITY INCLUDED IN CRMC HOSPITAL LICENSE
4	4 - COMMUNITY SUBACUTE TRANSITIONAL CARE CEN 3003 N MARIPOSA ST FRESNO, CA 93703	TRANSITIONAL CARE INCLUDED IN CRMC HOSPITAL LICENSE
5	5 - FRESNO HEART AND SURGICAL HOSPITAL 15 E AUDUBON FRESNO, CA 93720	SPECIALTY SURGERY SERVICES INCLUDED IN CRMC HOSPITAL LICENSE
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 3C:	DISCOUNTED CARE IS CONSIDERED FOR UNINSURED INDIVIDUALS BETWEEN 351-400% OF FPL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE COMMUNITY BENEFIT REPORT IS ISSUED BY COMMUNITY HEALTH SYSTEM (CHS), A DBA USED BY THE TWO 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. CHS 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 $ 2,557,892.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	CHS'S EFFORTS TO IMPROVE THE COMMUNITY'S HEALTH STATUS ARE VARIED AND WIDE-RANGING. FROM SOPHISTICATED MEDICAL RESEARCH THAT ADDRESSES THE VALLEY'S UNIQUE HEALTH NEEDS TO INVESTMENTS IN FOOD SHARING PROGRAMS TO COMBAT HUNGER, CHS STRIVES TO RESPOND TO THE MOST PRESSING HEALTH NEEDS IN OUR REGION. THE CHNA PROVIDES US WITH A "ROADMAP" FOR OUR COMMUNITY HEALTH IMPROVEMENT EFFORTS. BELOW IS A SNAPSHOT OF CHS'S SIGNATURE COMMUNITY BENEFIT PROGRAMS FOR FISCAL YEAR 2021. CHS'S 2019 IMPLEMENTATION PLAN IS ADDRESSED THROUGH THE COMMUNITY BENEFIT ACTIVITIES IN THIS REPORT. ACTIVITIES RELATED TO THESE TWO REPORTS ARE IN RESPONSE TO THE 2019 CHNA IDENTIFIED HEALTH NEEDS. IN GOOD FAITH, CHS STRIVES TO SERVE THE IDENTIFIED HEALTH NEEDS DIRECTLY OR AS A SUBJECT MATTER EXPERT. WHILE CHS PARTICIPATES IN LOCAL AND REGIONAL COLLABORATIVE EFFORTS AROUND ALL 13 IDENTIFIED HEALTH NEEDS, CHS'S IMPLEMENTATION PLAN PRIMARILY FOCUSES ON ADDRESSING THE TOP FIVE HEALTHCARE NEEDS IDENTIFIED. COVID-19 COMMUNITY BENEFIT IMPACT SINCE THE START OF THE COVID-19 PANDEMIC IN MARCH 2020 AND WITH THE RISE OF THE DELTA VARIANT IN 2021, HOSPITAL VISITOR RESTRICTIONS AND IN-PERSON COMMUNITY ACTIVITIES CONTINUED UNDER STRICT LIMITS. THESE PUBLIC HEALTH MANDATES LIMITING SOCIAL GATHERINGS IMPACTED SEVERAL COMMUNITY BENEFIT ACTIVITIES IN FISCAL YEAR 2021 INCLUDING: STUDENT NURSING IN-SERVICE EDUCATION, IN-FACILITY VOCATIONAL TRAININGS, FACILITY VOLUNTEER OPPORTUNITIES, IN-PERSON SUPPORT GROUPS AND OTHERS. COVID-19 RESTRICTIONS GAVE WAY TO INNOVATIVE PATIENT AND GENERAL PUBLIC OUTREACH EFFORTS WITH THE USE OF ONLINE MEETING PLATFORMS, SOCIAL MEDIA AND VIDEO MESSAGING. CHS CONTINUED COLLABORATIONS WITH A BROAD PARTNERSHIP OF COMMUNITY GROUPS AND AREA HOSPITALS TO HELP MEET THE IMMEDIATE NEEDS OF FAMILIES IMPACTED BY THE PANDEMIC.

Form and Line Reference	Explanation
PART II:	HEALTH NEED 1 - ACCESS TO CAREGRADUATE MEDICAL EDUCATIONCHS SHARES A STRONG PARTNERSHIP WI TH THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. UCSF FRESNO, ESTABLISHED IN 1975, HELPS AD DRESS THE REGION'S NEED FOR PHYSICIANS AND INCREASES ACCESS TO CARE AND SPECIALTIES. THROU GH THE PARTNERSHIP, CHS HAS MORE THAN 200 RESIDENTS TRAINING IN EIGHT SPECIALTIES, A DENTA L ORAL MAXILLOFACIAL SURGERY RESIDENT AND MORE THAN 50 FELLOWS TRAINING IN 18 SUBSPECIALTI ES. IN ADDITION, MORE THAN 300 THIRD- AND FOURTH-YEAR MEDICAL STUDENTS ARE TRAINED ANNUALL Y ON A ROTATING BASIS IN CHS HOSPITALS. ROTATING MEDICAL STUDENTS INCLUDE THOSE IN UCSF'S SAN JOAQUIN VALLEY PROGRAM IN MEDICAL EDUCATION (SJV PRIME), WHICH LAUNCHED IN 2019 WITH S IX MEDICAL STUDENTS. TWELVE MEDICAL STUDENTS WERE ENROLLED IN THE PROGRAM IN 2021. SJV PRI ME TRAINS LOCAL STUDENTS TO PROVIDE CULTURALLY-COMPETENT, ACCESSIBLE CARE IN THE SAN JOAQU IN VALLEY. THROUGH ITS PARTNERSHIP WITH UCSF, DURING THE TAX YEAR CHS TRAINED 204 RESIDENT S / FELLOWS. MEDICARE REIMBURSED CHS THE EXPENSES OF 126 OF THOSE RESIDENTS / FELLOWS, WIT H CHS THEREBY FULLY FUNDING 78.UCSF FRESNO PROVIDES TRAINING IN 19 FELLOWSHIPS: -ACUTE CAR E SURGERY -ADVANCED CARDIOVASCULAR IMAGING-CARDIOVASCULAR DISEASE -COMMUNITY PEDIATRICS -E MERGENCY MEDICINE EDUCATION -EMERGENCY ULTRASOUND -GASTROENTEROLOGY -HEAD AND NECK ONCOLOG Y AND MICROVASCULAR RECONSTRUCTION -HEMATOLOGY/ONCOLOGY-HIV -HOSPICE AND PALLIATIVE CARE - HOSPITAL MEDICINE -INFECTIOUS DISEASES -INTERVENTIONAL CARDIOLOGY -MATERNAL CHILD HEALTH - PULMONARY/CRITICAL CARE -SLEEP MEDICINE -SURGICAL CRITICAL CARE -WILDERNESS MEDICINE UCSF FRESNO HAS EIGHT MEDICAL RESIDENCY PROGRAMS:-EMERGENCY MEDICINE-FAMILY AND COMMUNITY MEDIC INE -INTERNAL MEDICINE-OBSTETRICS/GYNECOLOGY -ORTHOPAEDIC SURGERY -PEDIATRICS -PSYCHIATRY -SURGERY UCSF FRESNO ALSO PROVIDES TRAINING IN THREE PHYSICIAN ASSISTANT RESIDENCY PROGRAM S, INCLUDING ACUTE CARE/TRAUMA SURGERY, EMERGENCY MEDICINE AND ORTHOPAEDIC SURGERY. NEARLY 50% OF GRADUATING RESIDENTS STAY IN THE CENTRAL VALLEY TO PRACTICE MEDICINE, MAKING THIS PROGRAM CRITICAL TO ADDRESSING THE REGION'S ACCESS TO CARE ISSUES DETAILED IN THIS REPORT. DURING THE LAST 10 YEARS, CHS HAS INVESTED NEARLY $540 MILLION IN TOTAL MEDICAL EDUCATION OPERATING EXPENSES. CHS INVESTS MORE THAN $40 MILLION ANNUALLY IN THE EDUCATION PROGRAM, OF WHICH ONLY ABOUT $14.6 MILLION IS REIMBURSED ANNUALLY THROUGH FEDERAL GRADUATE MEDICAL EDUCATION (GME) FUNDING.AS PART OF THE COMPREHENSIVE MEDICAL EDUCATION PROGRAM, 320 RESEAR CH STUDIES WERE CONDUCTED AT CHS FACILITIES AND IN THE COMMUNITY DURING FISCAL YEAR 2021. STUDIES CONDUCTED BY CHS AND UCSF FRESNO RESEARCHERS ADDRESS SPECIFIC VALLEY ISSUES INCLUD ING METHAMPHETAMINE EXPOSURE AND BIRTH OUTCOMES, ENVIRONMENTAL CHEMICALS AND PREGNANCY EFF ECTS AND PRE-TERM BIRTH AMONG VULNERABLE POPULATIONS INCLUDING HMONG, LATINO AND AFRICAN A MERICAN. NURSING IN-SERVICE EDUCATIONTHROUGH PARTNERSHIPS WITH OVER 20 UNIVERSITIES, COLLE GES AND ADULT SCHOOLS, CHS CONTINUES AS A REGIONAL LEADER IN THE TRAINING OF FUTURE GENERA TIONS OF HEALTH PROFESSIONALS. NURSING STAFF AT CHS ACUTE AND SUB-ACUTE CARE FACILITIES PR OVIDE HANDS-ON TEACHING IN A WIDE VARIETY OF MEDICAL DISCIPLINES INCLUDING LABOR AND DELIV ERY, ONCOLOGY, BURN, NEUROLOGY, DIALYSIS, EMERGENCY MEDICINE, BEHAVIORAL HEALTH, MEDICAL-S URGICAL CARE, INTENSIVE CARE AND MORE. ON AVERAGE, THERE ARE OVER 100 STUDENTS WORKING TOW ARD PROFESSIONAL LICENSURE WHO ROUND ALONGSIDE OUR NURSES DAILY. THESE NURSING STUDENTS AR E ENROLLED IN PROGRAMS INCLUDING REGISTERED NURSE, ASSOCIATE, BACHELOR'S OR MASTER'S DEGRE E IN NURSING, FAMILY NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST. STUDENTS COME FROM THE FOLLOWING HIGHER EDUCATION INSTITUTIONS:-ASPEN UNIVERSITY -BRANDMAN UNIVERSITY -CALIFO RNIA STATE UNIVERSITY, FRESNO-CLOVIS ADULT SCHOOL-COLLEGE OF THE SEQUOIAS-FRESNO ADULT SCH OOL-FRESNO CITY COLLEGE-GRAND CANYON UNIVERSITY -GURNICK ACADEMY OF MEDICAL ARTS -MADERA C OMMUNITY COLLEGE-SAMFORD UNIVERSITY-SAN JOAQUIN VALLEY COLLEGE-UNIVERSITY OF COLORADO, DEN VER-UNIVERSITY OF MISSOURI SINCLAIR SCHOOL OF NURSING-UNIVERSITY OF PHOENIX -UNIVERSITY OF SOUTH ALABAMA -UNIVERSITY OF TEXAS-ARLINGTON -WEST COAST UNIVERSITY-WEST HILLS COMMUNITY COLLEGE -WESTERN GOVERNORS UNIVERSITY IN FISCAL YEAR 2021, CHS NURSES PROVIDED CLOSE TO 14 5,000 HOURS OF HANDS-ON, IN-SERVICE EDUCATION TO NURSING STUDENTS IN CHS FACILITIES. STUDE NTS LEARN AND WORK ALONGSIDE OUR NURSES AS PART OF THEIR DEGREE AND/OR LICENSURE PROGRAM.D UE TO COVID-19 AND THE DELTA VARIANT, ADDITIONAL PERSONS ENTERING CHS FACILITIES WERE LIMI TED AS OF MARCH 2021. CHS VISITOR RESTRICTIONS IMPACTED NURSING STUDENT INTERACTIONS THROU GHOUT FISCAL YEAR 2021. FRESNO MEDICAL RESPITE CENTERCHS IS A FOUNDING HOSPITAL PARTNER IN THE FRESNO MEDICAL RESPITE CENTER ESTABLISHED IN JULY 2011. THE CENTER PROVIDES EIGHT BED S FOR HOMELESS MEN AND FOUR BEDS FOR HOMELESS WOMEN AT THE FRESNO RESCUE MISSION IN DOWNTO WN FRESNO. THE RESPITE CENTER OFFERS A SAFE DISCHA

Form and Line Reference	Explanation
PART II:	RGE PLACE FOR HOMELESS PATIENTS TO CONTINUE THEIR RECOVERY. RESEARCH SHOWS HOMELESS PATIEN TS STAY 4.5 DAYS LONGER IN HOSPITALS COMPARED TO PATIENTS WITH SOCIAL SUPPORT AFTER THEIR DISCHARGE. THE CENTER PROVIDES A SAFE DISCHARGE ALTERNATIVE, REDUCING A PATIENT'S LENGTH O F STAY IN THE HOSPITAL. RESPITE BEDS ARE AVAILABLE TO PATIENTS FROM ALL LOCAL AREA HOSPITA LS.SINCE JUNE 2016, CRMC'S HOME HEALTH CLINICAL STAFF AND CASE MANAGERS PROVIDE RESPITE CE NTER PATIENTS WITH COORDINATED HEALTHCARE AND LINKAGES TO SOCIAL AND COMMUNITY RESOURCES. IN FISCAL YEAR 2021, CRMC CONTRIBUTED $102,000 TO THE FRESNO MEDICAL RESPITE CENTER AND PR OVIDED CARE TO NEARLY 150 PATIENTS SAVING 2,270 HOSPITAL INPATIENT DAYS. SINCE THE PROGRAM 'S LAUNCH, CHS HAS CONTRIBUTED MORE THAN $730,000 IN FUNDING. HOMELESS PATIENT DISCHARGE (SB 1152) AS THE REGION'S SAFETY NET HOSPITAL SYSTEM, CHS HAS CONSISTENTLY SERVED HOMELESS PATIENTS WITH QUALITY CARE AND DIGNITY. IN COMPLIANCE WITH CALIFORNIA SENATE BILL 1152, AS OF JANUARY 2019, ALL CALIFORNIA HOSPITALS ARE TASKED WITH TRACKING THE NUMBER OF HOMELESS PEOPLE SERVED AND IMPLEMENTING A COMPREHENSIVE DISCHARGE PLAN. THE PLAN REQUIRES ALL DISC HARGED PATIENTS RECEIVE WEATHER-APPROPRIATE CLOTHING AND SHOES, TRANSPORTATION, MEDICATION AND CONNECTIONS TO A SAFE DESTINATION WITHIN 30 MILES OF THE HOSPITAL. IN FISCAL YEAR 202 1, CHS SERVED MORE THAN 4,200 HOMELESS PATIENTS IN OVER 9,200 ENCOUNTERS, PROVIDING EACH O NE WITH A SAFE AND DIGNIFIED DISCHARGE. THROUGHOUT THE YEAR, CHS STAFF DONATED NEW SHOES A ND GENTLY USED CLOTHING FOR HOMELESS PATIENTS WHO NEED WEATHER-APPROPRIATE ATTIRE BEFORE B EING DISCHARGED. HOSPITAL PRESUMPTIVE ELIGIBILITYIN PARTNERSHIP WITH FRESNO COUNTY'S DEPAR TMENT OF SOCIAL SERVICES (DSS), CHS CONTINUES TO PROVIDE IN-HOSPITAL ENROLLMENT FOR UNINSU RED PATIENTS WHO "PRESUMPTIVELY" QUALIFY FOR MEDI-CAL. THROUGH THE HOSPITAL PRESUMPTIVE EL IGIBILITY (HPE) PROGRAM, CRMC ADMITTING STAFF ENROLL PATIENTS IN MEDI-CAL COVERAGE WHO LIK ELY QUALIFY FOR THE PROGRAM BASED ON THEIR CURRENT ENROLLMENT IN OTHER SOCIAL AND PUBLIC A SSISTANCE PROGRAMS.PRESUMPTIVE ELIGIBILITY ENROLLMENT PROVIDES UNINSURED PATIENTS "REAL TI ME" COVERAGE FOR THEIR VISITS AND ANY CARE VISITS UP TO 90 DAYS PRIOR. ONCE A PATIENT IS E NROLLED VIA HPE, THE PATIENT HAS 60 DAYS TO PROVIDE QUALIFYING DOCUMENTATION TO FRESNO COU NTY DSS IN ORDER TO RECEIVE PERMANENT COVERAGE. IN FISCAL YEAR 2021, CRMC AND CCMC ADMITTI NG STAFF ENROLLED NEARLY 1,400 UNINSURED PERSONS IN MEDI-CAL THROUGH THE HPE PROGRAM.

Form and Line Reference	Explanation
PART II:	HEALTH NEED 2 - OBESITY/HEALTHY EATING ACTIVE LIVING/DIABETESCOMMUNITY DIABETES EDUCATION CHS'S COMMUNITY DIABETES EDUCATION (CDE) SERVES PATIENTS FROM FRESNO AND FIVE AREA COUNTIE S AT ITS DOWNTOWN CRMC CAMPUS. THE CENTER IS THE ONLY AMERICAN DIABETES ASSOCIATION-RECOGN IZED EDUCATION PROGRAM IN FRESNO COUNTY. IT PROVIDES CARE TO A HIGH PERCENTAGE OF PATIENTS WHO ARE OTHERWISE UNABLE TO RECEIVE DIABETES SELF-MANAGEMENT EDUCATION, INCLUDING BILINGU AL SERVICES TO A HIGH CONCENTRATION OF SPANISH-SPEAKING PATIENTS. THE CDE IS ALSO ONE OF T WO CALIFORNIA PUBLIC HEALTH DEPARTMENT-ACCREDITED SWEET SUCCESS AFFILIATES IN FRESNO COUNT Y. THE SWEET SUCCESS PROGRAM TARGETS WOMEN DIAGNOSED WITH DIABETES DURING PREGNANCY. THE P ROGRAM IS STAFFED BY REGISTERED NURSES AND REGISTERED DIETITIANS ALL ARE DIABETES CARE AND EDUCATION SPECIALIST-CERTIFIED. CDE STAFF PROVIDE EDUCATION TO WOMEN AND THEIR FAMILIES O N HEALTHY EATING HABITS AND CONTROLLING DIABETES DURING PREGNANCY. IN FISCAL YEAR 2021, TH E CDE PROVIDED DIABETES MANAGEMENT EDUCATION AND SERVICES TO MORE THAN 1,650 PATIENTS, WIT H OVER 5,500 VISITS; 75% OF THESE PATIENTS WERE COVERED BY MEDI-CAL. COMMUNITY DIABETES ED UCATION STAFF PARTICIPATED IN:-MONTHLY TRAINING FOR THE CALIFORNIA DIABETES AND PREGNANCY PROGRAM SWEET SUCCESS PROGRAM -MONTHLY HANDS-ON TRAINING FOR UCSF FRESNO MEDICAL EDUCATION STUDENTS, FAMILY HEALTH AND INTERNAL MEDICINE INTERNS, RESIDENTS AND FACULTY -DIABETES ME DICATION MANAGEMENT CLINIC AT CRMC'S NORTH MEDICAL PLAZA, PROVIDING PATIENTS WITH MEDICATI ON AND SUPPORT TO IMPROVE BLOOD GLUCOSE LEVELS; SERVICES WERE RECENTLY EXPANDED TO SERVE R ESIDENTS IN NORTH FRESNO AT FRESNO HEART & SURGICAL HOSPITAL -MEDICAL RESIDENT TEACHING-RE GISTERED NURSE RESIDENCY TRAINING-FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP'S (FCHIP) DIABETES COLLABORATIVE MONTHLY MEETINGS AS SUBJECT MATTER EXPERTSBARIATRIC SUPPORT GROUP STO SUPPORT PATIENTS AND FAMILIES OF INDIVIDUALS WHO HAVE UNDERGONE OR ARE CONSIDERING BAR IATRIC SURGERY, CHS HOSTS A SERIES OF NO-COST, VIRTUAL SUPPORT GROUPS. TOPICS FOR CHS'S BA RIATRIC SUPPORT GROUPS INCLUDE EXERCISE AND NUTRITION, WELL-BEING, CHAIR YOGA AND GENERAL SUPPORT. EACH INTERACTIVE SESSION IS HOSTED BY A REGISTERED DIETICIAN OR LICENSED CLINICAL SOCIAL WORKER. SESSIONS ARE OPEN TO THE PUBLIC, REGARDLESS OF WHERE THEY RECEIVE OR PLAN TO RECEIVE BARIATRIC TREATMENT. IN FISCAL YEAR 2021, CHS HOSTED 35 VIRTUAL SUPPORT GROUPS THAT WERE EITHER 30 MINUTES OR 1 HOUR IN DURATION.FRESNO DIABETES COLLABORATIVETHE FRESNO DIABETES COLLABORATIVE WORKS TO PROVIDE LOCAL RESOURCES AND AWARENESS ON DIABETES SELF-MAN AGEMENT AND PREVENTION. CHS LED FCHIP'S MONTHLY DIABETES COLLABORATIVE WORKGROUP FROM 2016 TO DECEMBER 2020. THE COLLABORATIVE ENGAGES A BROAD GROUP OF COMMUNITY PARTNERS INCLUDING HEALTHCARE PROVIDERS, PUBLIC HEALTH, CLINICS, HEALTH EDUCATORS AND HEALTH PLANS. IN ADDIT ION TO CHS, VALLEY CHILDREN'S HEALTHCARE AND SAINT AGNES ARE ALSO ACTIVE FCHIP PARTICIPANT S.CHS HELPED WRITE A GRANT PROPOSAL THAT RESULTED IN A $75,000 AWARD IN 2020 TO HIRE EIGHT PROMOTORAS OR NEIGHBORHOOD-BASED COMMUNITY HEALTH WORKERS. THE GRANT, IN COLLABORATION WI TH LOCAL NONPROFIT EVERY NEIGHBORHOOD PARTNERSHIP (ENP), EDUCATES TRUSTED NEIGHBORHOOD COM MUNITY LEADERS ON THE PROMOTORA HEALTH PROMOTION MODEL WITH A FOCUS ON ACCESS TO CARE AND CHRONIC DISEASE MANAGEMENT. PROMOTORAS ENGAGE LATINO, SOUTHEAST ASIAN AND AFRICAN AMERICAN FAMILIES AND INDIVIDUALS AT RISK OF DEVELOPING DIABETES AND CHRONIC DISEASE CONDITIONS IN SOUTHEAST AND SOUTHWEST METROPOLITAN FRESNO. DUE TO COVID-19 HEALTH RESTRICTIONS, HEALTH ACCESS AND CHRONIC DISEASE MANAGEMENT TRAININGS ARE CONDUCTED ONLINE.IN FISCAL YEAR 2021, ENP'S PROMOTORA PROGRAM TRAINED FOUR LEADERS ON DIABETES AND CHRONIC DISEASE SELF-MANAGEME NT EDUCATION, AND MANAGED MEDI-CAL COVERAGE, AS WELL AS CPR AND FIRST AID. THE PROGRAM HAS PROVIDED HEALTH EDUCATION AND COMMUNITY RESOURCE INFORMATION TO 3,400 LOW-INCOME FAMILIES FROM FRESNO'S NEEDIEST NEIGHBORHOODS. ENP PROMOTORAS ALSO CONDUCTED A HEALTH NEEDS SURVEY FOR SOCIO-DISADVANTAGED FRESNO CITY ZIP CODES. THROUGH THE INFORMATION GATHERED, PROMOTOR AS LEARNED THAT A SIGNIFICANT NUMBER OF PARENTS LACKED DIGITAL LITERACY SKILLS, ESPECIALLY THE USE OF COMPUTERS. THIS BECAME AN URGENTLY NEEDED PROFICIENCY DURING THE PANDEMIC WHEN SCHOOLS MOVED TO DISTANCE LEARNING AND MOST APPOINTMENTS AND MEETINGS SWITCHED TO ONLINE. IN RESPONSE TO THE NEED, ENP PROMOTORAS DEVELOPED A DIGITAL LITERACY CLASS FOR THE GENERA L PUBLIC AND HOSTED 10 SPANISH-LANGUAGE TRAININGS FOR CLOSE TO 60 PARENTS. THE TEAM ALSO A SSISTED SEVERAL COMMUNITY GROUPS IN TRAINING AN ADDITIONAL 75 PARTICIPANTS. ENP'S HEALTH S URVEY SHOWED FAMILIES WERE FACING MENTAL HEALTH ISSUES INCLUDING DEPRESSION AND ANXIETY. M ANY SURVEYED WERE MOTHERS OF SCHOOL-AGE CHILDREN WHO EXPRESSED WORRY AND STRESS OVER THE P ANDEMIC'S TOLL ON HOME FINANCES, DISTANCE LEARNING AND SOCIAL ISOLATION. IN RESPONSE, SINC E NOVEMBER 2020, ENP PROMOTORAS HOLD A MONTHLY, ON

Form and Line Reference	Explanation
PART II:	LINE WOMEN'S SUPPORT GROUP. THE GROUP AIMS TO CULTIVATE TRUSTED RELATIONSHIPS AMONG SOCIAL LY ISOLATED MOTHERS AND HAS AN AVERAGE OF 25 PARTICIPANTS PER SESSION. SINCE ITS LAUNCH, M ORE THAN 600 WOMEN HAVE PARTICIPATED IN THE ONLINE SESSIONS. THE SESSIONS PROVIDE PARTICIP ANTS WITH A SAFE SPACE TO SHARE THEIR INDIVIDUAL AND GROUP CONCERNS AS WELL AS RECEIVE INF ORMATION AND CONNECTIONS TO COMMUNITY RESOURCES. AFTER TAKING PART IN THE ONLINE SESSIONS, PARTICIPANTS EXPRESS FEELING A SENSE OF POSITIVITY DUE TO THEIR INTERACTION WITH OTHER WO MEN FACING AND OVERCOMING SIMILAR CHALLENGES.THE DIABETES COLLABORATIVE'S RESOURCE WORKGRO UP, IN PARTNERSHIP WITH TULARE COUNTY'S ALLIANCE FOR MANAGEMENT & EDUCATION OF DIABETES (T AME), HOSTED THE ANNUAL FRESNO/TULARE DIABETES SYMPOSIUM FOR THE SECOND YEAR IN A ROW. THE SYMPOSIUM PROVIDES CONTINUING MEDICAL EDUCATION FOR PHYSICIANS AND ALLIED MEDICAL PROVIDE RS CARING FOR DIABETES PATIENTS. DUE TO COVID-19, THE EVENT FORMAT WAS AN ONLINE SEMINAR S ERIES WITH TRAININGS HELD IN SEPTEMBER AND OCTOBER 2020. OVER 100 PHYSICIANS, NURSES, DIET ICIANS AND ALLIED HEALTH PROFESSIONALS FROM FRESNO, TULARE AND KINGS COUNTIES PARTICIPATED IN THE TRAININGS. PARTICIPATING HEALTH PROVIDERS AND ALLIED HEALTH PROFESSIONALS RECEIVED CONTINUING MEDICAL EDUCATION CREDITS ON DIABETES-RELATED ISSUES. SEMINAR TOPICS INCLUDED MENTAL HEALTH AND ITS EFFECT ON DIABETES MANAGEMENT AND MEDICATION REGIMENS FOR NEWLY DIAG NOSED AND LONG-STANDING PATIENTS. NEIGHBORHOOD DANCE FITNESS CHS PROVIDED EVERY NEIGHBORHO OD PARTNERSHIP (ENP) $8,000 FOR ITS NEIGHBORHOOD DANCE FITNESS PROGRAM. THE PROGRAM WAS CR EATED IN JULY 2018 AFTER A SERIES OF COMMUNITY MEETINGS WITH SOUTHEAST AND SOUTHWEST FRESN O NEIGHBORHOOD PARENTS, LOCAL NONPROFIT ORGANIZATIONS AND HEALTHCARE PROVIDERS. PARTICIPAN TS EXPRESSED THE NEED TO EXERCISE IN SAFE SPACES WITH CONSISTENT CLASS SCHEDULES. THE GROU P SOUGHT FUNDING FOR A PROGRAM TO TRAIN LEADERS TO BECOME NEIGHBORHOOD DANCE CLASS INSTRUC TORS. PROGRAM FUNDING HELPED PAY FOR AN INSTRUCTOR TO TEACH NEIGHBORHOOD LEADERS LATIN DAN CE FITNESS ROUTINES AND PURCHASE SOUND SYSTEMS FOR 12 SITES.IN FISCAL YEAR 2021, IN RESPON SE TO THE CONTINUING COVID-19 HEALTH EMERGENCY, INSTRUCTORS CONTINUED TO USE FACEBOOK LIVE TO HOST FREE, LIVE-STREAMED CLASSES. FROM SEPTEMBER 2020 TO JUNE 2021, ENP'S NEIGHBORHOOD DANCE FITNESS ONLINE GROUP GREW FROM 60 TO 625 GROUP MEMBERS. CLASSES ARE HOSTED BY 25 CO MMUNITY LEADERS WHO ARE ENP-TRAINED AS CERTIFIED DANCE INSTRUCTORS. A TOTAL OF 1,440 LIVE, ONLINE DANCE FITNESS CLASSES WERE HOSTED BY ENP TRAINERS. ENP LAUNCHED OUTDOOR, IN-PERSON CLASSES IN JUNE 2021, ONCE PUBLIC HEALTH DIRECTIVES ALLOWED SAFE GATHERINGS WITH SOCIAL D ISTANCING. CLOSE TO 1,200 COMMUNITY MEMBERS HAVE PARTICIPATED IN THE WEEKLY, IN-PERSON CLA SSES. IN FISCAL YEAR 2021, ENP HAD CLOSE TO 1,700 COMMUNITY MEMBERS PARTICIPATE IN THE SOC IALLY DISTANCED CLASSES HOSTED BY THE ORGANIZATION'S TRAINED DANCE FITNESS INSTRUCTORS. SI NCE THE PROGRAM'S LAUNCH, MORE THAN 75 NEIGHBORHOOD LEADERS HAVE BEEN TRAINED TO LEAD DANC E FITNESS CLASSES. CHS HELPED JUMPSTART THIS PROGRAM WITH AN $11,000 INITIAL INVESTMENT; T O DATE, CHS'S PROGRAM CONTRIBUTIONS TOTAL $37,500. THIS MULTI-YEAR INVESTMENT IS PART OF C HS'S COMMITMENT TO ENSURE THAT DIVERSE, LOW-INCOME COMMUNITIES RECEIVE THE TOOLS THEY NEED TO LEAD AN ACTIVE LIFESTYLE. YOKOMI ELEMENTARY PHYSICAL ACTIVITY EQUIPMENT CHS CONTRIBUTE D $2,500 TO PROVIDE PHYSICAL ACTIVITY EQUIPMENT TO YOKOMI ELEMENTARY STUDENTS AND FAMILIES . IN ORDER TO OFFER ADDITIONAL OPPORTUNITIES FOR PHYSICAL FITNESS, BESIDES THE ON-CAMPUS A CTIVITIES, YOKOMI SCHOOL OFFICIALS OFFER FITNESS EQUIPMENT FOR STUDENTS TO EXERCISE AT HOM E. THE EQUIPMENT INCLUDES SOCCER AND BASKETBALLS, JUMP ROPES, HULA HOOPS AND MORE.

Form and Line Reference	Explanation
PART II:	YOKOMI ELEMENTARY IS LOCATED ADJACENT TO CRMC'S CAMPUS, IN ONE OF METROPOLITAN FRESNO'S MO ST SOCIALLY AND ECONOMICALLY DISADVANTAGED NEIGHBORHOODS. THIS INVESTMENT IS PART OF CHS'S COMMITMENT TO ENSURE THAT DIVERSE, LOW-INCOME NEIGHBORHOODS HAVE EQUITABLE ACCESS TO ACTI VE LIFESTYLE OPPORTUNITIES.HEALTH NEED 3 - MATERNAL AND INFANT HEALTHMOTHER'S RESOURCE CEN TER CHS IS A CHAMPION OF BREASTFEEDING EDUCATION FOR MOTHERS-TO-BE AND PROVIDES SUPPORT SE RVICES FOR NEW MOTHERS THROUGHOUT THE CENTRAL VALLEY. SERVICES RANGE FROM PRENATAL BREASTF EEDING EDUCATION TO OUTPATIENT CONSULTATIONS FOLLOWING DELIVERY. IN FISCAL YEAR 2021, THE MOTHER'S RESOURCE CENTER PROVIDED NEARLY 10,000 INPATIENT BREASTFEEDING CONSULTATIONS BY I NTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANTS. THE CENTER'S 3M CLUB (MOMMIES MAKING M ILK) HAD MORE THAN 700 PARTICIPANT MOMS WHOSE BABIES WERE IN THE NICU. PARTICIPATING IN TH E IN-HOSPITAL 3M CLUB REMAINS A HUGE INFLUENCE ON THE HEALTH AND LONGEVITY OF BREASTFEEDIN G FOR THESE TINY PATIENTS. THE EXCLUSIVE INPATIENT BREASTFEEDING RATE (WITH NO FORMULA SUP PLEMENTATION) IS 23% IN CHS HOSPITALS.SINCE JUNE 2017, THE CENTER HAS HOSTED BREASTFEEDING CLASSES IN BOTH ENGLISH AND SPANISH. IN FISCAL YEAR 2021, THE CENTER OFFERED SUPPORT AND EDUCATION IN AN OUTPATIENT GROUP SETTING TO NEARLY 46 NEW PARENTS RETURNING TO WORK OR WHO HAD SPECIAL NEEDS BABIES. CHS'S TOTAL INVESTMENTS IN OUTREACH AND EDUCATION FOR NEW MOTHE RS AND THEIR FAMILIES IN FISCAL YEAR 2021 WAS NEARLY $160,000. DUE TO COVID-19 RESTRICTION S, THE MOTHER'S RESOURCE CENTER OFFERED IN-PERSON, PRIVATE EDUCATION SESSIONS UNTIL MARCH 2020. THE CENTER CONTINUES OFFERING BREASTFEEDING EDUCATION CLASSES OVER THE PHONE OR VIA SECURE VIDEO CHAT. ADDITIONAL SUPPORT FOR FAMILIES OF CHILDREN 0 TO 3 IN FISCAL YEAR 2021, CHS CONTRIBUTED $2,500 TO CATHOLIC CHARITIES' PROGRAM ASSISTING FAMILIES WITH YOUNG CHILD REN. CHS'S FUNDING HELPED AUGMENT AN EXISTING CATHOLIC CHARITIES DIAPER SUPPLY PROGRAM BY ALSO PROVIDING FOOD FOR THESE FAMILIES. BETWEEN OCTOBER AND DECEMBER 2020, IN ADDITION TO DIAPERS, THE FAMILIES OF NEARLY 300 CHILDREN AGES 0 TO 3 ALSO RECEIVED SHELF-STABLE AND FR ESH FOOD ITEMS. AS PART OF TARGETED SUPPORT SERVING LOW-INCOME FAMILIES OF YOUNG CHILDREN, IN APRIL 2021, CHS CONTRIBUTED $2,500 TO THE CENTRAL CALIFORNIA FOOD BANK. THESE FUNDS PA ID FOR FOOD ACCESS EFFORTS AIDING FAMILIES AFFECTED BY THE PANDEMIC. CHS'S CONTRIBUTION PR OVIDED 17,500 MEALS TO FAMILIES IN NEED THROUGH THE ORGANIZATION'S COMPREHENSIVE FEEDING P ROGRAM. THIS INVESTMENT IS PART OF CHS'S COMMITMENT TO ENSURING LOW-INCOME FAMILIES WITH Y OUNG CHILDREN HAVE EQUITABLE FOOD ACCESS.HEALTH NEED 4 - MENTAL HEALTHINVOLUNTARY MENTAL H EALTH HOLDS MENTAL HEALTH CHALLENGES IN THE CENTRAL VALLEY ARE WELL DOCUMENTED. FRAGMENTED PUBLIC SERVICES, LIMITED PRIVATE SECTOR RESOURCES AND INCREASING DEMANDS FOR MENTAL HEALT HCARE HAVE PUT PRESSURE ON ALL PARTS OF THE CARE CONTINUUM. THIS IS VISIBLE AT CHS'S TWO E MERGENCY ROOMS. CRMC AND CCMC EMERGENCY DEPARTMENTS CONTINUE OFFERING CRISIS INTERVENTION AND PROVIDE 5150/1799 "INVOLUNTARY HOLD" PROTOCOLS IN CONJUNCTION WITH FRESNO COUNTY DEPAR TMENT OF BEHAVIORAL HEALTH. CASE MANAGERS COORDINATE PATIENT CARE WITH COMMUNITY BEHAVIORA L HEALTH CENTER (PART OF CRMC) AND FRESNO COUNTY'S BEHAVIORAL HEALTH SERVICES. CASE MANAGE RS CONNECT PATIENTS TO SOCIAL AND COMMUNITY SUPPORT SERVICES. IN FISCAL YEAR 2021, CRMC'S EMERGENCY DEPARTMENT RECEIVED 4,210 PATIENTS PLACED UNDER INVOLUNTARY HOLDS REQUIRING CASE MANAGEMENT SERVICES; 417 OF THESE WERE PEDIATRIC PATIENTS. CCMC'S EMERGENCY DEPARTMENT RE CEIVED 1,539 PATIENTS UNDER INVOLUNTARY MENTAL HEALTH HOLDS; 208 OF THESE WERE PEDIATRIC P ATIENTS.MENTAL WELLNESS AND RESILIENCY PROGRAMS AT CLOVIS UNIFIED SCHOOL DISTRICT CHS HAS CONTRIBUTED OVER $200,000 SINCE 2018 TO THE FOUNDATION FOR CLOVIS SCHOOLS FOR MENTAL HEALT H PROGRAMS AIMED AT CLOVIS UNIFIED K-12 STUDENTS AND FAMILIES. EFFORTS TO ADDRESS SOCIAL A ND EMOTIONAL ISSUES AMONG THE DISTRICT'S YOUTH ARE IN RESPONSE TO INCIDENTS OF SUICIDE, SU ICIDE ATTEMPTS, ANXIETY OVER RACIAL ISSUES AND INCREASED INVOLUNTARY MENTAL HEALTH HOLDS A MONG THE AREA'S YOUTH. AS A RESULT OF CHS'S FUNDING, CUSD CREATED THE WEST WELLNESS CENTER AT CLOVIS WEST HIGH SCHOOL DURING THE START OF THE COVID-19 PANDEMIC. THE CENTER PROVIDES RESOURCES AND TOOLS TO HELP STUDENTS IDENTIFY AND MANAGE THEIR EMOTIONAL WELL-BEING WITH EVIDENCE-BASED CURRICULUM. SINCE THE CENTER'S OPENING, MORE THAN 70 STUDENTS RECEIVED DIRE CT ASSISTANCE FROM THE CENTER. CHS'S FUNDING DIRECTLY SUPPORTED CUSD'S PROJECT SMART AT CL OVIS COMMUNITY DAY SCHOOL, A MENTORING PROGRAM FOR AT-RISK STUDENTS IN FOURTH TO EIGHTH GR ADE. PROJECT SMART MENTORING HELPS STUDENTS WITH INTERPERSONAL SKILLS DEVELOPMENT, ACADEMI C TUTORING AND COUNSELING. THE PROGRAM HAS RESULTED IN REDUCED JUVENILE DELINQUENCY AND IN CREASED ACADEMIC ACHIEVEMENT. IN AN EFFORT TO PREVENT STUDENT SELF-HARM, CUSD HAS FOCUSED EFFORTS PROVIDING TEACHERS AND ON-SCHOOL-SITE PERS

Form and Line Reference	Explanation
PART II:	ONNEL WITH THE APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST). WITH THE COMPLETION O F THE ASIST TRAINING, CUSD STAFF ARE BETTER ABLE TO RECOGNIZE WHEN SOMEONE MAY BE THINKING ABOUT SUICIDE AND KNOW HOW TO CONNECT THE INDIVIDUAL TO HELP AND SUPPORT. IN FISCAL YEAR 2021, CUSD WAS ABLE TO TRAIN 25 STAFFERS AND SINCE 2020, THE DISTRICT HAS PROVIDED THE TRA INING TO 230 EMPLOYEES.SPIRITUAL AND MENTAL HEALTH RESILIENCY TARGETING HARD-TO-REACH POPU LATIONS CHS PROVIDED $15,000 TO THE CLINICAL PASTORAL EDUCATION OF CENTRAL CALIFORNIA (CPE CC) TO PROVIDE SPIRITUAL AND SOCIAL SUPPORT SERVICES TO RURAL ISOLATED GROUPS SUCH AS FARM AND CONSTRUCTION WORKERS THROUGHOUT THE CENTRAL VALLEY AND THE STATE. SPANISH-LANGUAGE AS SISTANCE IS PROVIDED TO WORKERS FROM MEXICO AND CENTRAL AMERICA.BETWEEN JANUARY AND AUGUST 2021, CPECC CHAPLAINS PROVIDED SPIRITUAL AND RESILIENCY SUPPORT TO 500 FARM LABOR SUPPORT STAFF AND NEARLY 3,500 TEMPORARY MIGRANT LABORERS EMPLOYED UNDER H-2A VISAS. FOREIGN H-2A WORKERS LABOR IN AGRICULTURAL AND FARMING OPERATIONS IN THE VALLEY AND THROUGHOUT THE STA TE ARE OFTEN IN SOCIALLY AND GEOGRAPHICALLY ISOLATED SITUATIONS. DURING THE COVID-19 PUBLI C HEALTH EMERGENCY AND IN ORDER TO ENSURE CONNECTIONS TO ISOLATED WORKERS, CPECC HELD OPEN -AIR, SOCIALLY DISTANCED EVENTS AFTER HOURS AND ON WEEKENDS. THESE MONTHLY EVENTS PROVIDED INFORMATION ON A WIDE VARIETY OF TOPICS INCLUDING HEALTH, SAFETY, SUBSTANCE ABUSE, GRIEF AND MENTAL WELLNESS. IN FISCAL YEAR 2021, CPECC CHAPLAINS MADE OVER 5,000 IN-PERSON AND PH ONE CONNECTIONS WITH FARMWORKERS STRUGGLING WITH ISOLATION AND DEPRESSION. CPECC'S CHAPLAI NS ADJUSTED OUTREACH STRATEGIES TO ENSURE SAFE CONNECTIONS WITH WORKERS NEEDING MENTAL WEL LNESS AND SPIRITUAL SUPPORT. CPECC CHAPLAINS ESTABLISHED PHONE CALLS AND TEXTING AS A PRIM ARY CONTACT METHOD. FOR WORKERS WITH LINKS TO SOCIAL MEDIA, IN MARCH 2020 CPECC CHAPLAINS OPENED A PRIVATE FACEBOOK GROUP. THE GROUP PROVIDES SPANISH-LANGUAGE VIDEOS CONTAINING ENC OURAGING MESSAGES, HEALTH EDUCATION AND COMMUNITY RESOURCES. CURRENTLY, THE PRIVATE GROUP HAS 3,500 ACTIVE SPANISH-LANGUAGE FARMWORKERS. CHAPLAINS PROVIDE INFORMATION ON MENTAL HEA LTH RESILIENCY, PRAYER AND MEDITATION AS WELL AS PUBLIC HEALTH INFORMATION ON COVID-19 PRE VENTION AND VACCINES. THIS INVESTMENT IS PART OF CHS'S COMMITMENT TO ENSURE THAT LOW-INCOM E WORKERS HAVE EQUITABLE ACCESS TO MENTAL HEALTH AND WELLNESS PROGRAMS PROMOTING HOLISTIC HEALTH. YOUTH MENTAL HEALTH AND RESILIENCY CONNECTIONS CHS PROVIDED $5,000 TO CARE FRESNO' S CHILDHOOD RESILIENCY EFFORTS. CARE FRESNO'S STAFF LIVE AND WORK IN SOCIO-DISADVANTAGED N EIGHBORHOODS AND APARTMENT COMPLEXES IN SOUTHWEST FRESNO. STAFF WORK CLOSELY WITH CHILDREN AND FAMILIES PROVIDING ACADEMIC, SOCIAL AND EMOTIONAL ASSISTANCE. DUE TO COVID-19 GATHERI NG RESTRICTIONS, CARE FRESNO CONTINUED MODIFIED OUTREACH TO CHILDREN, TEENS AND FAMILIES S ERVED IN SOUTHEAST AND SOUTHWEST FRESNO. CARE FRESNO STAFF VISITED FAMILIES WITH SOCIAL DI STANCING, MASKING AND ALSO CONNECTED VIA PHONE. FROM JANUARY TO AUGUST 2021, CARE FRESNO S TAFF CONTACTED FAMILIES FOR MENTAL HEALTH AND RESOURCE CONNECTIONS THROUGH PHONE, TEXT AND SOCIAL MEDIA. CARE FRESNO STAFF WERE IN CONSTANT COMMUNICATION WITH THE FAMILIES OF 340 C HILDREN, PROVIDING EMOTIONAL SUPPORT AND LINKAGES TO UTILITY AND FOOD ASSISTANCE. IN TOTAL , CARE FRESNO MADE OVER 1,400 CONNECTIONS WITH PARENTS AND CHILDREN. CARE FRESNO SERVES LA TINO, AFRICAN AMERICAN AND SOUTHEAST ASIAN FAMILIES.COVID-19 SOCIAL DISTANCING AND ECONOMI C HARDSHIPS PROVED TO BE CHALLENGING FOR THE FAMILIES ASSISTED BY CARE FRESNO STAFF. THROU GH CARE FRESNO'S HOPE RESILIENCY MENTAL HEALTH SURVEY, THE ORGANIZATION LEARNED THAT NEARL Y 50% OF STUDENTS AND FAMILIES WERE EXPERIENCING DECLINES IN THEIR BELIEFS ABOUT THEIR OWN STRENGTH AS WELL AS THEIR FUTURE.

Form and Line Reference	Explanation
PART II:	CHS FUNDING PROVIDES SUPPORT FOR CARE FRESNO'S MENTAL HEALTH AND RESOURCE SUPPORT PROGRAMS FOR FAMILIES LIVING IN THE FOLLOWING FRESNO NEIGHBORHOODS: COURTYARD AT CENTRAL PARK, KIN G'S PALACE APARTMENTS, SUMMERSET VILLAGE APARTMENTS, CEDAR COURTS AND SEQUOIA COURTS. SUPP ORT FOR CAREGIVERS CHS PROVIDED $2,500 TO SUPPORT VALLEY CAREGIVER RESOURCE CENTER'S (VCRC) EFFORTS TO PROVIDE RESPITE TO LOW-INCOME CAREGIVERS WHO OTHERWISE WOULD BE UNABLE TO TAK E A BREAK. CAREGIVERS SERVED BY VCRC PROVIDE HEALTHCARE, GROOMING, MEDICATION ASSISTANCE A ND FEEDINGS TO THEIR ADULT PATIENT LOVED ONES WHO HAVE SUFFERED TRAUMATIC BRAIN INJURIES. MANY TIMES, THE LIFE OF A CAREGIVER IS NOT ONLY PHYSICALLY BUT MENTALLY EXHAUSTING. THE FU NDING THAT CHS PROVIDED VCRC HELPED ALLEVIATE STRESS AND GRANTED A MENTAL HEALTH REPRIEVE TO FAMILIES AND LOVED ONES SUPPORTING MEDICALLY FRAGILE ADULTS. BIRNEY ELEMENTARY RESILIEN CY AND READING PROGRAM IN FISCAL YEAR 2021, CHS CONTRIBUTED NEARLY $16,000 TO BIRNEY ELEME NTARY TO FUND THE SCHOOL'S MENTAL HEALTH, RESILIENCY AND READING PROGRAMS. THROUGH THE SCH OOL'S ACTIVITY AND RESOURCE CLASSROOM, STUDENTS CAN EARN MENTAL WELLNESS PRIZES AND BOOKS FOR POSITIVE CHARACTER, CITIZENSHIP OR ACADEMIC ACHIEVEMENTS. BIRNEY, A FRESNO UNIFIED ELE MENTARY SCHOOL IN CENTRAL FRESNO, HAS A MAJORITY OF LATINO AND SOUTHEAST ASIAN STUDENTS. N INETY PERCENT OF BIRNEY STUDENTS RECEIVE FREE OR REDUCED PRICES ON MEALS, AN INDICATION OF POVERTY.HEALTH NEED 5 - ECONOMIC SECURITYECONOMIC HARDSHIPS CAUSED BY JOB LOSS AND BUSINE SS CLOSURES AS A RESULT OF THE COVID-19 PUBLIC HEALTH CRISIS AND THE DELTA VARIANT SURGE R ESULTED IN INCREASED NEEDS, ESPECIALLY AMONG ALREADY VULNERABLE POPULATIONS. COMMUNITY NON PROFIT ORGANIZATIONS AND HOSPITALS PARTNERED TO ADDRESS RENTAL/HOUSING, UTILITY AND FOOD E MERGENCIES. CHS RECEIVED MULTIPLE URGENT REQUESTS FOR FOOD ACCESS AID BY THE CENTRAL CALIF ORNIA FOOD BANK AND FRESNO METRO MINISTRY, WHO WERE SEEING A NEARLY 50% INCREASE IN NEED. FOOD ASSISTANCE ORGANIZATIONS REPORTED THAT CLOSE TO 25% OF THOSE SEEKING AID WERE REQUEST ING IT FOR THE FIRST TIME. FRESNO METRO MINISTRY'S FOOD TO SHARE PROGRAM CHS CONTRIBUTED $ 100,000 TO FRESNO METRO MINISTRY'S FOOD TO SHARE PROGRAM. THE PROGRAM OPERATES A FLEET OF TRUCKS THAT COLLECT EXCESS FOOD FROM LOCAL FARMERS, GROCERS, FOOD PROCESSORS AND SCHOOL DI STRICTS. THE COLLECTED FOOD, INCLUDING FRESH PRODUCE AND PACKAGED FOOD ITEMS, IS REDISTRIB UTED TO LOW-INCOME NEIGHBORHOODS CLASSIFIED AS "FOOD DESERTS" DUE TO THE LACK OF ACCESSIBL E GROCERY STORES. CHS'S CONTRIBUTION TO FOOD TO SHARE HELPED THE REDISTRIBUTION OF A LITTL E OVER ONE MILLION POUNDS OF NUTRITIOUS FOOD FROM SCHOOLS, RETAIL STORES AND PRODUCE PACKE RS TO NEEDY FAMILIES. THE FOOD REDISTRIBUTION WAS MADE AVAILABLE TO LOW-INCOME FAMILIES WI TH YOUNG CHILDREN, SENIORS AND DISABLED ADULTS VIA A NETWORK OF NEARLY 30 ORGANIZATIONS TH ROUGHOUT URBAN AND RURAL FRESNO COUNTY. INDIVIDUALS AND FAMILIES FACING FOOD INSECURITY WE RE ABLE TO PICK UP FRESH PRODUCE FROM FOOD DISTRIBUTIONS AND COMMUNITY PANTRIES. DURING FI SCAL YEAR 2021, FOOD TO SHARE FOOD DISTRIBUTION EFFORTS REACHED OVER 22,100 RESIDENTS NEED ING FOOD ASSISTANCE. AS PART OF CHS'S FUNDING TO FRESNO METRO MINISTRY'S NUTRITION ACCESS PROGRAMS, THE ORGANIZATION EXPANDED THE COOKING MATTERS PROGRAM. COOKING MATTERS TEACHES A REA RESIDENTS TO COOK HEALTHY AND AFFORDABLE DISHES. COOKING MATTERS CLASSES ARE LED IN BO TH ENGLISH AND SPANISH AND TAUGHT BY FRESNO CITY COLLEGE AND FRESNO STATE DIETETICS STUDEN TS AS WELL AS FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH AND FRESNO METRO MINISTRY STAFF. D UE TO COVID-19 SOCIAL DISTANCING RESTRICTIONS, CLASSES WERE HELD ONLINE VIA ZOOM AND MADE AVAILABLE TO 30 LOW-INCOME RESIDENTS. EACH CLASS CONSISTED OF SIX EDUCATIONAL MODULES AND WAS AVAILABLE TO PARTICIPANTS FREE OF CHARGE.FRESNO METRO MINISTRY LED EFFORTS TO ESTABLIS H A FRESNO COUNTY-CENTERED FOOD POLICY COUNCIL. THE COUNCIL BRINGS 60 ACTIVE CROSS-SECTOR LEADERS IN SIX DIFFERENT WORKGROUPS. THE WORKGROUPS EXAMINE COMMUNITY NEEDS, POLICIES AND POTENTIAL SOLUTIONS AROUND HEALTHY FOOD ACCESS, TRANSPORTATION AND LAND USE, EMERGENCY HUN GER RELIEF AND WASTE PREVENTION. CHS'S INVESTMENT IN FRESNO METRO MINISTRY'S FOOD ACCESS P ROGRAMS IS HELPING THE ORGANIZATION REACH ITS $4.5 MILLION FUNDRAISING GOAL TOWARDS THE EX PANSION OF THE ST. REST + FOOD TO SHARE HUB. THE HUB, THE FIRST OF ITS KIND TO BE BUILT IN SOUTHWEST FRESNO, AIMS TO PROVIDE HEALTH-EQUITABLE RESOURCES TO A NEIGHBORHOOD LACKING FR ESH PRODUCE MARKETS. THE PROJECT WILL RENOVATE AND EXPAND THE ST. REST + FOOD TO SHARE HUB , WHICH WILL INCLUDE A WAREHOUSE RENOVATION THAT ALLOWS FOR INCREASED COLD STORAGE AND TRA NSPORTATION OF FRESH PRODUCE. THE PROJECT WILL ALSO INCLUDE THE CONSTRUCTION OF A COMMUNIT Y KITCHEN THAT WILL HELP EQUIP RESIDENTS TO COOK HEALTHY MEALS. THE HUB WILL SERVE AS A VO CATIONAL TRAINING CENTER FOR FOOD VENDORS, FARMERS AND DISTRIBUTORS. INVESTMENTS IN DIVERS E COMMUNITIES IS AN INTEGRAL PART OF CHS'S COMMITM

Form and Line Reference	Explanation
PART II:	ENT TO ENSURE EQUITABLE ACCESS TO HEALTHY FOODS IN AREAS DESIGNATED AS "FOOD DESERTS." PRO JECT SEARCH SINCE SEPTEMBER 2017, CHS HAS SERVED AS A VOCATIONAL TRAINING SITE FOR DISABLE D ADULTS THROUGH PROJECT SEARCH. THE PROGRAM IS A COLLABORATION WITH BEST BUDDIES, A NONPR OFIT ORGANIZATION THAT HELPS ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. PROJ ECT SEARCH PARTICIPANTS RECEIVE THE EXPERIENCE NECESSARY TO FIND AND MAINTAIN EMPLOYMENT. THE PROGRAM ALLOWS PARTICIPANTS TO LEARN AND WORK ALONGSIDE CHS STAFF IN SEVERAL CLINICAL AND NON-CLINICAL AREAS INCLUDING: NICU, ANTEPARTUM, POSTPARTUM, ENVIRONMENTAL SERVICES, MA TERIALS MANAGEMENT, KITCHEN AND PLANT OPERATIONS. IN FISCAL YEAR 2021, CHS HOSTED 12 PROJE CT SEARCH PARTICIPANTS AND FIVE JOB COACHES. NINE BEST BUDDY PARTICIPANTS GAINED EMPLOYMEN T AS A RESULT OF THEIR EXPERIENCE AT CHS AND SEVEN CURRENTLY WORK AT CHS FACILITIES. DUE T O COVID-19 HOSPITAL VISITOR RESTRICTIONS, PROJECT SEARCH PARTICIPANTS WERE ABLE TO TRAIN A T CHS FACILITIES UNTIL MID-MARCH 2020. THE PROGRAM RESUMED ACCEPTING PARTICIPANTS AT CHS F ACILITIES IN AUGUST 2021. PATIENT FINANCIAL NAVIGATOR PROGRAM IN MAY 2019, COMMUNITY CANCE R INSTITUTE (CCI) HIRED A FINANCIAL COUNSELOR TO HELP CANCER PATIENTS AND FAMILIES NEEDING SUPPORT TO NAVIGATE THE COSTS OF CARE. THE FINANCIAL COUNSELOR MEETS WITH PATIENTS, REVIE WS THEIR TREATMENT PLAN AND PROVIDES A GUIDE TO HELP PATIENTS ENSURE THEY CAN RECEIVE THE CARE THEY NEED WITHOUT WORRYING ABOUT FINANCES. THE COUNSELOR HELPS PATIENTS UNDERSTAND TH EIR INSURANCE COVERAGE AND ALSO LINKS PATIENTS TO COMMUNITY FINANCIAL AND SOCIAL RESOURCES . IN FISCAL YEAR 2021, CCI'S FINANCIAL COUNSELOR PROVIDED ASSISTANCE TO MORE THAN 400 PATI ENTS; CLOSE TO 50% OF THOSE RECEIVING AID WERE COVERED BY MEDI-CAL. FINANCIAL ASSISTANCE I S PROVIDED IN BOTH ENGLISH AND SPANISH.HEALTH NEED 6 - ORAL HEALTHUCSF FRESNO DENTAL RESID ENTS IN A SHARED PARTNERSHIP WITH THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF DEN TISTRY, THE ORAL & MAXILLOFACIAL SURGERY (OMFS) RESIDENCY PROGRAM TRAINS 16 RESIDENTS (FOU R PER YEAR) UTILIZING THE CRMC AND CCMC LOCATIONS. THE CHS INVESTMENT FUNDS 14.2 OF THE 16 FULL TIME EMPLOYEES THROUGH A $2.8 MILLION-DOLLAR COMMITMENT. CHS IS THE SPONSOR OF THE G ENERAL PRACTICE RESIDENCY IN DENTISTRY (GPR) PROGRAM THROUGH A CLINICAL PARTNERSHIP WITH T HE FAMILY HEALTHCARE NETWORK, AND AN ACADEMIC AFFILIATION WITH THE UNIVERSITY OF PACIFIC S CHOOL OF DENTISTRY. THE GPR TRAINS 11 RESIDENTS A YEAR WITH A $1.1-MILLION-DOLLAR COMMITME NT. DURING THE 12-MONTH PROGRAM, RESIDENTS PARTICIPATE IN GENERAL DENTISTRY CLINIC, FULL M OUTH DENTAL REHABILITATION (FMDR) IN THE OPERATING ROOM, ORAL AND MAXILLOFACIAL SURGERY, D ERMATOLOGY, INTERNAL MEDICINE AND ANESTHESIA ROTATIONS. ALSO, THE DENTAL RESIDENTS TAKE CA RE OF THE CRMC EMERGENCY DEPARTMENT DENTAL VISITS, VETERANS ADMINISTRATION CENTRAL CALIFOR NIA HEALTH CARE SYSTEM, AND SELECT SKILLED NURSING FACILITIES.HEALTH NEED 7 - SUBSTANCE AB USE AND TOBACCOBRIDGE OPIOID TREATMENT PROGRAM CRMC IS ONE OF NEARLY 221 CLINICAL SITES IN THE STATE OF CALIFORNIA PARTICIPATING IN THE BRIDGE PROGRAM FOR OPIOID TREATMENT. THE MED ICATION FOR THE EVIDENCE-BASED ADDICTION TREATMENT IS ACCESSIBLE 24 HOURS A DAY, 7 DAYS A WEEK AT CRMC'S EMERGENCY DEPARTMENT. THE BRIDGE PROGRAM PROVIDES INDIVIDUALS WITH BUPRENOR PHINE (THE ACTIVE COMPONENT OF SUBOXONE MEDICATION) TO SUPPRESS CRAVINGS AND WITHDRAWAL SY MPTOMS. THE TREATMENT PROVIDES PATIENTS WITH IMMEDIATE ATTENTION IN THE EMERGENCY ROOM SET TING, RATHER THAN BEING REFERRED TO A REHABILITATION CENTER, WHICH IN MANY CASES CAN TAKE WEEKS OR MONTHS. IN FISCAL YEAR 2021, THE PROGRAM PROVIDED TREATMENT TO 20 PATIENTS A MONT H. SINCE THE PROGRAM'S LAUNCH, MORE THAN 540 PATIENTS HAVE RECEIVED TREATMENT.

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PART II:	IN JUNE 2021, CHS HELPED FUND THE "ASSESSING THE NEEDS OF OPIOID SEEKING PATIENTS," A SYMP OSIUM FOR PHYSICIANS AND ALLIED HEALTHCARE PROFESSIONALS. THE EDUCATIONAL SESSIONS ADDRESS ED PHYSICIAN PREPAREDNESS AND BIASES, PATIENTS WITH HIGH HEALTHCARE UTILIZATION AND HOW TO TAKE EFFICIENT CONTROL OF A PATIENT VISIT. THE SYMPOSIUM, OPEN TO ALL CENTRAL VALLEY CLIN ICIANS, PROVIDED CONTINUING MEDICAL EDUCATION CREDITS TO NEARLY 250 PROFESSIONALS.HEALTH N EED 8 - VIOLENCE AND INJURY PREVENTIONTRAUMA PREVENTION PROGRAM AS THE ONLY LEVEL 1 TRAUMA CENTER AND COMPREHENSIVE BURN CENTER BETWEEN LOS ANGELES AND SACRAMENTO, CRMC'S SKILLED A ND DEDICATED PHYSICIANS AND STAFF PROVIDE TRAUMA SERVICES TO PATIENTS WELL BEYOND THE HOSP ITAL'S TYPICAL SERVICE AREA. SINCE 2015, CRMC HAS EMPLOYED A FULL-TIME INJURY PREVENTION S PECIALIST. THE PREVENTION SPECIALIST IDENTIFIES THE MOST COMMON CAUSES OF INJURY AND DEATH SEEN AT THE TRAUMA CENTER BY USING THE HOSPITAL'S TRAUMA REGISTRY. AND THEN THE INJURY SP ECIALIST PROVIDES COMMUNITY-WIDE PREVENTION INFORMATION AND SUPPORT TO ADDRESS THOSE SPECI FIC CAUSES. THROUGH EDUCATION AND ENVIRONMENTAL MODIFICATION, THE SPECIALIST WORKS TO REDU CE THE INCIDENCE OF INJURY, DISABILITY AND DEATH DUE TO TRAUMA. IN FISCAL YEAR 2021, CRMC' S TRAUMA PROGRAM LED THE FOLLOWING OUTREACH AND EDUCATION PROGRAMS:- SCHOOL OUTREACH: CRMC 'S TRAUMA AND INJURY PREVENTION PROGRAM SPECIALIST PARTNERS WITH LAW ENFORCEMENT AND OTHER COMMUNITY ENTITIES TO EDUCATE TEENS ON THE DANGERS OF DISTRACTED AND RECKLESS DRIVING, BI CYCLE AND PEDESTRIAN SAFETY, CONCUSSION AWARENESS AND DROWNING PREVENTION. IN FISCAL YEAR 2021, AND THROUGH A PARTNERSHIP WITH SUNNYSIDE HIGH SCHOOL'S DOCTORS ACADEMY, CRMC'S TRAUM A PROVIDED ALL 11TH GRADE STUDENTS WITH EDUCATION ON PREVENTING DISTRACTED DRIVING AND DRI VING WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL. - CAR SEAT SAFETY CHECKS: CRMC PROVIDE D GROUP AND INDIVIDUAL CAR SEAT SAFETY AND EDUCATION TRAININGS THROUGHOUT THE YEAR. THESE TRAININGS WERE PROVIDED TO PARENTS IN BOTH ENGLISH AND SPANISH. SAFETY EDUCATION TRAININGS INCLUDED PROPER CAR SEAT INSTALLATION AND CHILD PLACEMENT RELATED TO LEGAL AGE AND WEIGHT REQUIREMENTS. CRMC'S TRAUMA PREVENTION TEAM HELD A PUBLIC EVENT AND DISTRIBUTED NEARLY A DOZEN CAR SEATS TO LOW-INCOME FAMILIES. CHECKS WERE DONE ON A ONE-ON-ONE BASIS, WITH PROPE R SOCIAL DISTANCING AND HEALTH PREVENTION MEASURES. - OLDER ADULT FALL PREVENTION DRIVE-TH RU EVENT: IN RESPONSE TO INCREASED FALLS BY OLDER ADULTS, CRMC'S TRAUMA PREVENTION PARTICI PATED IN A DRIVE-THRU EVENT HELD BY SEVERAL SENIOR-SERVING ORGANIZATIONS. THE EVENT PROVID ED INFORMATIONAL MATERIALS ON PHYSICAL ACTIVITY, NUTRITION AND IN-HOME MEASURES TO PREVENT FALLS. THE NO-COST EVENT HELD IN MAY 2021 SERVED OVER 150 SENIORS. SEXUAL ASSAULT FORENSI C EXAMINERS PROGRAM THE CRMC EMERGENCY DEPARTMENT OPERATES THE SEXUAL ASSAULT FORENSIC EXA MINERS (SAFE) PROGRAM. SAFE PROVIDES ROUND-THE-CLOCK, IN-HOSPITAL TESTING AND EXAMINATIONS FOR SEXUAL ASSAULT AND RAPE VICTIMS. SPECIALLY TRAINED NURSES COLLECT, PRESERVE AND SECUR ELY STORE EVIDENCE OBTAINED FROM ADULT AND PEDIATRIC VICTIMS AND SUSPECTS. CRMC NURSES ALS O SERVE AS EXPERT COURT WITNESSES. IN CONJUNCTION WITH THE CHILDREN'S HEALTH CENTER LOCATE D ON CRMC'S CAMPUS, SAFE STAFF PROVIDE COMPREHENSIVE FOLLOW-UP EVALUATIONS FOR CHILD VICTI MS OF SEXUAL ABUSE. PROGRAM NURSES ALSO ASSIST IN CONNECTING VICTIMS AND FAMILIES TO COUNS ELING SERVICES. IN FISCAL YEAR 2021, CRMC SAFE NURSES PROVIDED ASSISTANCE TO 173 PATIENTS. MAINTENANCE INVESTMENT FOR A VIOLENCE VICTIM SAFE HOUSE IN MAY 2021, CHS PROVIDED A $5,00 0 INVESTMENT TO HELP FUND MAINTENANCE AND UPKEEP FOR MARJAREE MASON CENTER'S SAFE HOUSE. T HE COMMUNITY REFUGE PROVIDES SAFE LODGING FOR ADULTS AND CHILDREN FLEEING DOMESTIC VIOLENC E. CHS'S FUNDING ALLOWED FOR THE REMODELING OF THE SAFE HOUSE'S ON-SITE MAINTENANCE CLOSET AS WELL AS REPAIRS TO THE HOME'S BOILER. CHS'S CONTRIBUTION ALSO HELPED PROVIDE EMERGENCY SHELTER TO 12 ADULTS AND CHILDREN FROM THREE SEPARATE HOUSEHOLDS. MARJAREE MASON CENTER W ITNESSED A SUBSTANTIAL RISE IN CASES OF DOMESTIC VIOLENCE DURING "STAY-IN-PLACE ORDERS AS A RESULT OF THE COVID-19 PANDEMIC.HEALTH NEED 9 - CLIMATE AND HEALTHIN-HOSPITAL GREEN INIT IATIVESCHS'S SUSTAINABILITY TEAM CONTINUOUSLY SEEKS INNOVATIVE WAYS TO REDUCE AND RECYCLE CLINICAL AND NON-CLINICAL WASTE INCLUDING PAPER, SHARPS, DISPOSABLE LEAD WIRES AND CLOTH T OWELS FROM OPERATING ROOMS. THE SUSTAINABILITY TEAM IS MADE UP OF CHS EMPLOYEES WHO VOLUNT EER THEIR TIME TO RESEARCH AND SET UP PROGRAMS TO MAKE THE HOSPITAL GREENER. PARTICIPATING MEMBERS COME FROM CLINICAL, QUALITY, MATERIALS MANAGEMENT, NUTRITION AND OTHER CHS DEPART MENTS. IN FISCAL YEAR 2021, CHS'S GREEN EFFORTS DIVERTED NEARLY 450,000 POUNDS OF WASTE FR OM LOCAL LANDFILLS THROUGH ITS RECYCLING PROGRAM. RECLAIMED WATER IS ALSO UTILIZED AT CCMC FOR ALL ITS LANDSCAPING IRRIGATION RECYCLING AN AVERAGE OF 36 MILLION GALLONS OF WATER A YEAR IN COLLABORATION WITH THE CITY OF CLOVIS. CHS

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PART II:	HAS ALSO INCREASED THE NUMBER OF RECHARGEABLE CAR STATIONS AT ITS FACILITIES BY INSTALLIN G 59 NEW CHARGING STATIONS AT CRMC, CCMC AND ADMINISTRATIVE OFFICE BUILDING PARKING LOTS. IN TOTAL, CHS HAS 110 CLEAN VEHICLE CHARGING STATIONS AVAILABLE TO THE PUBLIC, EMPLOYEES A ND PHYSICIANS, FREE OF CHARGE. CHS'S CLEAN ENERGY EFFORTS ARE IN RESPONSE TO CALIFORNIA'S 50% RENEWABLE ENERGY MANDATE BY 2045. HOSPITAL RECOGNIZED FOR ENERGY USE AND EMISSIONS RED UCTIONS IN JULY 2021, CRMC'S EFFORTS TO CONVERT EXTERIOR LIGHTING AND UPGRADE COOLING SYST EMS FOR THE TRAUMA AND CRITICAL CARE BUILDING TO MORE ENERGY-EFFICIENT SYSTEMS WERE RECOGN IZED WITH A 2021 ENVIRONMENT + ENERGY LEADER AWARD. THE DISTINCTION HONORS EXEMPLARY WORK IN ENERGY AND ENVIRONMENTAL MANAGEMENT. ALL EXTERIOR LIGHTING AT CRMC WAS SWITCHED OUT TO LED LIGHTS ACROSS THE 58-ACRE CAMPUS. THE HOSPITAL COOLING SYSTEMS WERE ALSO CONVERTED FRO M CONSTANT-FLOW TO VARIABLE-FLOW COOLING, INCREASING EFFICIENCY AND RESULTING IN A 10% RED UCTION IN ELECTRICITY USE. THIS EFFICIENCY IMPROVEMENT REDUCED CARBON EMISSIONS, WHICH CON TRIBUTE TO THE REGION'S BAD AIR QUALITY. (ACCORDING TO THE AMERICAN LUNG ASSOCIATION THE F RESNO METROPOLITAN AREA IS RATED F FOR AIR QUALITY WITH THE FOURTH WORST AIR POLLUTION IN THE COUNTRY.)HEALTH NEED 10 CARDIOVASCULAR DISEASE/STROKEBLOOD PRESSURE CUFFS FOR LOW-INCO ME PATIENTS IN FISCAL YEAR 2021, CHS DONATED $10,000 TO THE AMERICAN HEART ASSOCIATION. CH S'S INVESTMENT ENSURED THE PURCHASE OF 200 BLOOD PRESSURE CUFFS TO ASSIST LOW-INCOME PATIE NTS WITH CARDIAC CONDITIONS BEING SEEN AT FAMILY HEALTH CARE NETWORK. ALONG WITH LEARNING HOW TO USE BLOOD PRESSURE CUFFS AND TRACKING THEIR BLOOD PRESSURE, PATIENTS RECEIVED HEART HEALTH INFORMATION. THE PROGRAM WAS AVAILABLE TO PATIENTS WHO WOULD OTHERWISE BE UNABLE T O PURCHASE A BLOOD PRESSURE MONITORING DEVICE AND WHO COULD ALSO BENEFIT FROM ONGOING HEAL TH PREVENTION INFORMATION. THIS INVESTMENT DEMONSTRATES CHS'S COMMITMENT TO PROVIDE EQUITA BLE OPPORTUNITIES FOR AT-RISK, VULNERABLE COMMUNITIES TO ACHIEVE IMPROVED HEART HEALTH.HEA LTH NEED 11 - ASTHMAPEDIATRIC ASTHMA PROGRAM CHS'S PULMONARY REHABILITATION PROGRAM PROVID ED DISEASE MANAGEMENT EDUCATION AND SUPPORT FOR PARENTS. A RESPIRATORY CARE PRACTITIONER A SSISTED PARENTS AT A SOUTHCENTRAL FRESNO CLINIC, ONE OF THE CITY'S MOST UNDERSERVED AREAS. PARENTS RECEIVED TWO, ONE-HOUR SESSIONS WITH ADDITIONAL EDUCATION AS NEEDED. PATIENTS REC EIVED AN INDIVIDUALIZED "ASTHMA ACTION PLAN," ADDRESSING LUNG PHYSIOLOGY, ASTHMA ATTACK SY MPTOMS AND TRIGGERS, EFFECTIVE MANAGEMENT STRATEGIES AND PROPER MEDICATION AND INHALER USE . IN FISCAL YEAR 2021, THE PROGRAM SERVED 139 PATIENTS AND PROVIDED SPANISH AND ENGLISH HE ALTH EDUCATION. IN MARCH 2020, THE PROGRAM ADOPTED SOCIAL DISTANCING AND MASKING PROTOCOLS IN RESPONSE TO COVID-19. SINCE JULY 2020, THE PROGRAM HAS OFFERED TELEHEALTH VISITS TO PA TIENTS AND FAMILIES.HEALTH NEED 12 - HIV/AIDS/SEXUALLY TRANSMITTED INFECTIONSSPECIAL SERVI CES CLINIC CHS SERVES AS GRANT ADMINISTRATOR FOR THE FEDERAL RYAN WHITE HIV/AIDS PROGRAM P ROVIDING LIFESAVING CARE FOR CENTRAL VALLEY HIV/AIDS PATIENTS. CHS PARTNERS WITH FAMILY HE ALTH CARE NETWORK'S (FHCN) SPECIAL SERVICES CLINIC TO PROVIDE VITAL AND TIMELY HEALTHCARE AND CASE MANAGEMENT SERVICES FOR PATIENTS AND FAMILIES. FHCN'S CLINICAL STAFF AND PHYSICIA NS PROVIDE PATIENTS WITH DIRECT MEDICAL CARE AND CASE MANAGEMENT WHILE CHS SERVES AS THE F ISCAL AND REPORTING ENTITY. IN FISCAL YEAR 2021, THE SPECIAL SERVICES CLINIC PROVIDED CARE TO 1,460 PATIENTS UNDER THE FEDERAL RYAN WHITE GRANT.HEALTH NEED 13 - CANCERCANCER SUPPOR T GROUPS CCI HOSTS SEVERAL SUPPORT GROUPS FOR CANCER SURVIVORS AND THEIR FAMILIES. THE SUP PORT GROUPS, HELD IN BOTH ENGLISH AND SPANISH, ARE OPEN TO ALL PERSONS TOUCHED BY CANCER, REGARDLESS OF WHERE THEY RECEIVE CANCER CARE.

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PART II:	CCI SUPPORT GROUPS HOST COHORT CANCER AND WELL-BEING SUPPORT SESSIONS INCLUDING: WOMEN FOR UNITY, MINDFULNESS MEDITATION, PROSTATE CANCER, BRAIN TUMORS, BREAST CANCER, AND HEAD AND NECK CANCER. IN FISCAL YEAR 2021, AND DUE TO THE CONTINUING COVID-19 PUBLIC HEALTH EMERGE NCY, CCI HELD 27 VIRTUAL SUPPORT GROUPS. EACH SUPPORT GROUP SESSION RUNS BETWEEN ONE AND T WO HOURS.COMMUNITY BUILDING ACTIVITIESCHS RECOGNIZES THAT HEALTH AND WELL-BEING CANNOT BE ACHIEVED BY ONE SOLE ENTITY. POSITIVE OUTCOMES IN THE REGION'S IDENTIFIED HEALTH NEEDS REQ UIRE WIDE-REACHING COLLABORATION. CHS JOINED VALLEY CHILDREN'S HEALTHCARE, SAINT AGNES MED ICAL CENTER AND KAISER PERMANENTE, COMMUNITY CLINICS, HEALTH PLANS, THE PUBLIC HEALTH DEPA RTMENT, LOCAL ORGANIZATIONS AND OTHERS TO ADDRESS PRESSING HEALTH ISSUES. CHS PARTICIPATED IN SEVERAL COMMUNITY-WIDE HEALTH INITIATIVES AND ACTIVITIES, INCLUDING: FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP CHS JOINED THE FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERS HIP (FCHIP) LEADERSHIP TEAM IN JANUARY 2017. THIS STEERING COMMITTEE PROVIDES GUIDANCE AND DIRECTION FOR FIVE WORKGROUPS THAT INCLUDE THE DIABETES COLLABORATIVE, FRESNO FOOD SECURI TY NETWORK, FRESNO COUNTY TRAUMA-INFORMED NETWORK OF CARE, AND THE EQUITY, DIVERSITY AND I NCLUSION INITIATIVE. IN JULY 2021, CHS CONTRIBUTED $5,000 TO SUPPORT THE COLLABORATIVE WOR K THAT FCHIP LEADS IN FRESNO COUNTY, WITH PARTICULAR FOCUS ON THE AREA'S TOP IDENTIFIED HE ALTH NEEDS. IN ADDRESSING THOSE NEEDS, FCHIP'S DIABETES COLLABORATIVE, FOOD SECURITY, AND TRAUMA AND RESILIENCE WORKGROUPS HAVE MADE MEANINGFUL ADVANCES TOWARD IMPROVING THE HEALTH OF VULNERABLE POPULATIONS IN THE COUNTY, WITH PARTICULAR EMPHASIS IN SOUTHEAST AND SOUTHW EST METROPOLITAN FRESNO. FCHIP TRAUMA AND RESILIENCE NETWORK FCHIP'S TRAUMA AND RESILIENCE NETWORK (TRN) WORKS TO CREATE A TRAUMA-INFORMED COMMUNITY TO SUPPORT VULNERABLE RESIDENTS WHO HAVE EXPERIENCED ADVERSE CHILDHOOD EXPERIENCES (ACES). ACCORDING TO THE CDC, ACES CAN HAVE NEGATIVE, LONG-TERM IMPACT ON HEALTH IN ADULTHOOD, INCLUDING OBESITY AND DETRIMENTAL HEALTH BEHAVIORS SUCH AS ALCOHOL AND DRUG ABUSE. NEW RESEARCH SHOWS THAT ADULTS WHO HAVE SUFFERED PAST TRAUMA CAN RESTORE THEIR BRAINS AND BODIES MANY YEARS AFTER SUFFERING CHILDH OOD TRAUMA AND EXTREME NEGLECT. TRN'S LEADERSHIP TEAM INCLUDES 16 MEMBERS FROM VARIOUS COM MUNITY-BASED ORGANIZATIONS, GOVERNMENT AND EDUCATION INSTITUTIONS. IN FISCAL YEAR 2021, TR N HOSTED A VIRTUAL CONFERENCE AND BI-MONTHLY MINI-CONFERENCES FOCUSED ON BEING "TRAUMA-INF ORMED, OR RECOGNIZING THAT THE PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES INFLUENCES NEGA TIVE BEHAVIORS AND EXPERIENCES. THESE CONFERENCES HAVE REACHED RESIDENTS FROM ALL OVER THE CENTRAL VALLEY.AS A RESULT OF COVID-19'S NEGATIVE IMPACTS ON MENTAL HEALTH, TRN LAUNCHED A "COVID MENTAL HEALTH" WORKGROUP. THE WORKGROUP ANALYZED SOCIAL AND EMOTIONAL IMPACT THAT THE PANDEMIC WAS HAVING ON THE MOST SOCIO-ECONOMICALLY DISADVANTAGED RESIDENTS. THE GROUP WAS INVITED TO NATIONAL TRAUMA AND COVID-19 CONVERSATIONS.FCHIP FRESNO COUNTY TRAUMA-INFO RMED NETWORK OF CAREFCHIP'S FRESNO COUNTY TRAUMA-INFORMED NETWORK OF CARE, RECEIVED A $2.6 MILLION GRANT THAT ALLOWS 50 PARTNERS TO DEVELOP A SYSTEM THAT PREVENTS, TREATS AND HEALS TOXIC STRESS. THE GRANT, FUNDED BY THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND THE OFFICE OF THE CALIFORNIA SURGEON GENERAL, ALLOWS PHYSICIANS TO CONDUCT IN-OFFICE VISIT CLINICAL ACES SCREENINGS. SCREENINGS ASSESS A PATIENT FOR ADVERSITY, CLINICAL MANIFESTATI ONS OF TOXIC STRESS AND ADDS A TREATMENT PLAN THAT INCLUDES CARE COORDINATION. THE GRANT A LSO CONTAINS FUNDING FOR THE DEVELOPMENT OF DATA INTEGRATION. CURRENTLY, THE NETWORK OF CA RE INCLUDES 46 FRESNO COUNTY PARTNERING ORGANIZATIONS, 111 MEDICAL PROVIDERS PROVIDING ACE S SCREENINGS AND 26 COMMUNITY-BASED ORGANIZATIONS LENDING RESOURCE SUPPORT. TO DATE, NEARL Y 700 INDIVIDUALS HAVE PARTICIPATED IN THE NETWORK OF CARE TRAUMA-INFORMED TRAININGS. COLL ABORATIVE EQUITY, DIVERSITY AND INCLUSION WORK CHS PARTICIPATED AS A LEAD PARTNER IN FCHIP 'S COMMUNITY-WIDE WORKSHOPS ENSURING THAT THE GROUP'S CORE VALUES REFLECT EQUITY, DIVERSIT Y AND INCLUSION (EDI) PRACTICES. A CHS REPRESENTATIVE HELPED GUIDE, PLAN AND FACILITATE CO MMUNITY-WIDE CONVERSATIONS WITH CROSS-SECTOR LEADERS. THE WORKSHOP'S GOALS WERE TO ESTABLI SH THE GROUP'S COLLABORATIVE HEALTH EFFORTS TO REFLECT EQUITABLE OUTREACH, ENGAGEMENT AND SERVICE TO COMMUNITY MEMBERS. FRESNO MADERA CONTINUUM OF CARE THE FRESNO MADERA CONTINUUM OF CARE (FMCOC) IS A TWO-COUNTY, CROSS-SECTOR COLLABORATIVE THAT IDENTIFIES AND PETITIONS STATE AND FEDERAL FUNDING FOR HOUSING ASSISTANCE AND RESOURCES FOR HOMELESS INDIVIDUALS. C REATED IN 2002, CONTINUUM OF CARE PARTNERS MEET MONTHLY AND INCLUDE COUNTY SOCIAL SERVICE AGENCIES, NATIVE AMERICAN, VETERAN AND SENIOR-SERVING ORGANIZATIONS, HEALTHCARE PROVIDERS, THE HOSPITAL COUNCIL, CORRECTIONS AND MENTAL HEALTH SERVICE PROVIDERS. THE COLLABORATIVE EFFORT HAS OVERSEEN THE LOCAL DISTRIBUTION OF MILL

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PART II:	IONS OF DOLLARS TO ASSIST IN EMERGENCY AND LONG-TERM HOUSING FOR VULNERABLE INDIVIDUALS, F AMILIES AND VETERANS.CHS PARTICIPATES AS AN FMCOC VOTING MEMBER, HELPING GUIDE PROGRAM FUN DING FOR RAPID REHOUSING EFFORTS, EMERGENCY SHELTERS AND THE ANNUAL POINT IN TIME COUNT A CENSUS OF HOMELESS INDIVIDUALS. DUE TO COVID-19, THE FMCOC WAS FORCED TO FORGO AN IN-PERSO N POINT IN TIME COUNT. FMCOC PARTNERS SECURED $2.5 MILLION FROM THE CARES ACT EMERGENCY SO LUTIONS GRANT. THESE FUNDS WENT TO LOCAL AGENCIES SERVING HOMELESS INDIVIDUALS AND FAMILIE S WITH RAPID REHOUSING, INFECTION PREVENTION AND MITIGATION EFFORTS, EMERGENCY SHELTER AND QUARANTINE LODGING ASSISTANCE. DURING FY21, CONTINUUM OF CARE PARTNERS ENSURED THAT HOMEL ESS POPULATIONS HAD ACCESS TO EMERGENCY HOUSING IF THEY WERE EXPOSED TO OR INFECTED WITH C OVID-19. A WIDE CITY-COUNTY PARTNERSHIP ALSO FOCUSED ON THE SAFETY OF HOMELESS INDIVIDUALS LIVING ALONGSIDE FREEWAYS BY RELOCATING INDIVIDUALS TO STABLE HOUSING. THE COLLABORATIVE CONTINUES ITS EFFORTS TO SEEK AND ENSURE STATE AND FEDERAL FUNDING TO SERVE THE COMMUNITIE S' MOST VULNERABLE RESIDENTS. SCHOLARSHIPS FOR FARMWORKER CHILDREN SEEKING MEDICAL CAREERS CHS PROVIDED A $5,000 CONTRIBUTION TO THE CALIFORNIA FARMWORKER FOUNDATION'S CENTRAL VALL EY DREAM SCHOLARSHIP PROGRAM. THIS INVESTMENT IS PART OF CHS'S COMMITMENT TO PROVIDE EQUIT ABLE OPPORTUNITIES FOR COMMUNITIES TO ACHIEVE THEIR FULL POTENTIAL. THIS PROGRAM AIMS TO P ROVIDE SCHOLARSHIPS TO PROMISING STUDENTS, SONS AND DAUGHTERS OF FARMWORKER PARENTS, AND H ELPS STUDENTS WITH A DEMONSTRATED FINANCIAL NEED FOR THOSE WITH ABOVE-AVERAGE GRADE POINT AVERAGES. CHS'S CONTRIBUTION FUNDED FIVE WORTHY STUDENTS FROM RURAL CENTRAL VALLEY TOWNS S EEKING NURSING AND MEDICAL CAREERS. STUDENT RECIPIENTS ARE CURRENTLY ENROLLED IN COLLEGES AND UNIVERSITIES THROUGHOUT THE STATE. SUPPORT FOR MEDICAL MISSIONS ABROAD OVER THE PAST S IX YEARS, CHS HAS PROUDLY PROVIDED MORE THAN $1 MILLION IN FINANCIAL AND IN-KIND MEDICAL S UPPORT TO ARMENIA, A COUNTRY THAT HAS SEEN SIGNIFICANT SOCIAL TURMOIL. CHS'S INVESTMENT SE CURED DOCTORS, MEDICAL EQUIPMENT AND SUPPLIES TO MAINLY RURAL AREAS THAT EXPERIENCE SIGNIF ICANT BARRIERS TO CARE. CHS'S CONTRIBUTIONS PROVIDED THE DEPLOYMENT OF PHYSICIANS, DENTIST S AND NURSES TO AID ARMENIAN PATIENTS. IN ADDITION TO MEDICAL PERSONNEL, CHS'S INVESTMENT FACILITATED THE DELIVERY OF IV PUMPS, BLOOD PRESSURE CUFFS, GLUCOSE MONITORS, SURGICAL SCA LPELS, PEDIATRIC SCALES, PORTABLE ULTRASOUND MACHINES AND SMALL ELECTROCARDIOGRAM DEVICES. COMMUNITY HEALTH EDUCATION AND SUPPORTTHE FOLLOWING INVENTORY OF COMMUNITY BENEFIT ACTIVIT IES INCLUDES EDUCATIONAL PROGRAMS AND SUPPORT PROVIDED BY PHYSICIANS, STAFF AND VOLUNTEERS OF CHS. CHRONIC KIDNEY DISEASE: DIALYSIS OPTIONS CHS IS AMONG THE LARGEST PROVIDERS OF DI ALYSIS SERVICES IN THE CENTRAL VALLEY, ANNUALLY SERVING OVER 10,000 PATIENT VISITS. CHS OF FERS DIALYSIS SERVICES TO ALL AGE GROUPS AND ETHNIC BACKGROUNDS AND PROVIDES ENGLISH AND S PANISH EDUCATIONAL MATERIALS. CHS'S PRIME DIALYSIS EDUCATION PROGRAM, OPTIONS, A PATIENT-C ENTERED INFORMATION AND SUPPORT SERVICE FOR INDIVIDUALS WITH CHRONIC KIDNEY DISEASE. CHS P ARTICIPATES IN THE NATIONAL KIDNEY FOUNDATION'S KIDNEY EARLY EVALUATION PROGRAM OR KEEP HE ALTHY COMMUNITY-BASED INITIATIVE TO EDUCATE THE PUBLIC ABOUT KIDNEY HEALTH, RISK FACTORS A ND STEPS TO REDUCE RISK. HEALTHQUEST SERIES CHS'S IN-PERSON HEALTHQUEST SEMINARS FEATURE P HYSICIANS AND MEDICAL EXPERTS DISCUSSING PUBLIC INTEREST HEALTH TOPICS. HEALTHQUEST IN-PER SON LECTURES ARE HELD MONTHLY ON CCMC AND CRMC CAMPUSES AND ARE PROVIDED TO THE PUBLIC AT NO CHARGE. DUE TO COVID-19, CHS'S HEALTHQUEST SERIES MOVED TO AN ONLINE PLATFORM. IN FISCA L YEAR 2021, CHS HOSTED SIX HEALTHQUEST LECTURES ON TOPICS RELATED TO REGIONAL IDENTIFIED HEALTH NEEDS.

Form and Line Reference	Explanation
PART II:	THESE SEMINARS INCLUDED: COLORECTAL CANCER AWARENESS, HEALTHY DIET, HEART FAILURE, THE COV ID-19 VACCINE, STROKE AWARENESS AND OBESITY PREVENTION. ON AVERAGE, HEALTHQUEST SEMINARS A RE ATTENDED BY 150 PARTICIPANTS. MEDWATCH TODAY TELEVISION SERIES IN AN EFFORT TO INCREASE PUBLIC AWARENESS OF TIMELY HEALTH TOPICS, CHS PRODUCES A WEEKLY TELEVISION SHOW, MEDWATCH TODAY. THE SERIES FEATURES TOPICS THAT INCLUDE MENTAL HEALTH, PEDIATRIC ASTHMA, HEART DIS EASE, DIABETES PREVENTION AND MANAGEMENT, AND MANY OTHERS. THE SHOW AIRS SATURDAYS ON KSEE 24, AN NBC AFFILIATE, AND SUNDAYS ON CBS47. IN FISCAL YEAR 2021, MEDWATCH TODAY PRODUCED A ND BROADCAST 50 SEGMENTS THAT ADDRESSED NINE OF THE 13 REGIONAL IDENTIFIED HEALTH NEEDS. A TOTAL OF 5.5 MILLION HOUSEHOLDS VIEWED MEDWATCH TODAY CONTENT IN FISCAL YEAR 2021, WITH A N AVERAGE OF 4,496 HOUSEHOLDS TUNING IN PER EPISODE. ADDITIONALLY, CONSUMERS HAVE VIEWED M ORE THAN 4,500 HOURS OF MEDWATCH TODAY CONTENT ONLINE AS AN ON-DEMAND VIDEO HEALTH EDUCATI ON RESOURCE.SPANISH HEALTH EDUCATION SEGMENTS CHS STRIVES TO PROVIDE TIMELY AND RELEVANT H EALTH INFORMATION TO SPANISH-SPEAKING AUDIENCES, INCLUDING EQUITABLE INFORMATION TO OUR LA TINO PATIENT POPULATION. IN ORDER TO PROMOTE COVID-19 VACCINE AWARENESS AND CLARIFY MISINF ORMATION, CHS PRODUCED A SPANISH-LANGUAGE VIDEO WITH A UCSF RESIDENT PHYSICIAN ANSWERING C OMMON QUESTIONS AND FEARS AROUND THE VACCINES. THE CHS-PRODUCED VIDEO WAS DISTRIBUTED THRO UGH FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (FCHIP) AND THE CHILDREN'S MOVEMENT LI ST SERVES. THE VIDEO WAS WIDELY DISTRIBUTED VIA THE SOCIAL MEDIA PAGES OF SEVERAL COMMUNIT Y-BASED ORGANIZATIONS. KERMAN HIGH MEDICAL ROP CHS CONTRIBUTED $7,500 WORTH OF HOSPITAL-GR ADE MEDICAL EQUIPMENT TO KERMAN HIGH SCHOOL'S MEDICAL REGIONAL OCCUPATIONAL PROGRAM (ROP). MEDICAL EQUIPMENT PROVIDED INCLUDED: IV POLES AND PUMPS, A GURNEY, EKG AND ULTRASOUND MAC HINES, SURGICAL EQUIPMENT, WHEELCHAIRS AND OTHER ITEMS. KERMAN HIGH MEDICAL PATHWAY INSTRU CTORS USE THE EQUIPMENT FOR HANDS-ON LESSONS THAT ACCOMPANY TEXTBOOK INSTRUCTION. SINCE TH E ADDITION OF THE MEDICAL EQUIPMENT, INSTRUCTORS REPORT INCREASED STUDENT ENROLLMENT IN TH E MEDICAL EDUCATION PATHWAY PROGRAM. DURING THE 2020-2021 SCHOOL YEAR, THE ROP MEDICAL PRO GRAM INSTRUCTOR LED HANDS-ON ENTRY MEDICAL LESSONS USING CHS-DONATED EQUIPMENT TO MORE THA N 170 STUDENTS. CONTINUING MEDICAL EDUCATION ON LGBTQ+ EQUITABLE CARE CHS CONTRIBUTED FUND ING IN FISCAL YEAR 2021 TOWARD THE FIRST VIRTUAL HEALTH SYMPOSIUM IN THE FRESNO AREA FOCUS ED ON LGBTQ+ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, PLUS) NEEDS. THE CONTINUING EDUC ATION EVENT FOR PHYSICIANS AND ALLIED HEALTHCARE PROVIDERS AIMED TO INCREASE AWARENESS ON LGBTQ+ HEALTHCARE ACCESS AND IMPROVE CULTURALLY SENSITIVE CARE. THE SYMPOSIUM, HELD IN NOV EMBER 2021, WAS LED BY LICENSED THERAPISTS, COMMUNITY MEMBERS, PHYSICIANS AND SURGEONS. CH S'S INVESTMENT IN QUALITY, COMPETENT CARE FOR LGBTQ+ PATIENTS IS PART OF THE SYSTEM'S AIM TO PROVIDE EQUITABLE CARE TO DIVERSE CENTRAL VALLEY COMMUNITIES. FRESNO AREA COLLEGE NIGHT COMMUNITY CARE HEALTH (CCH), A CHS SUBSIDIARY AND INSURANCE PLAN, FUNDED $2,500 FOR THE F RESNO COUNTY SUPERINTENDENT OF SCHOOLS' ANNUAL FRESNO AREA COLLEGE NIGHT FOR 5,000 HIGH SC HOOL STUDENTS AND PARENTS. GENERAL COLLEGE PLANNING INFORMATION WAS PROVIDED ON TOPICS THA T INCLUDED THE COLLEGE ADMISSIONS PROCESS, FINANCIAL AID AND SCHOLARSHIPS. EVENT BREAKOUT SESSIONS WERE AVAILABLE IN ENGLISH, SPANISH AND HMONG. THE FREE EVENT, HELD SEPTEMBER 2020 , WAS OPEN TO HIGH SCHOOL STUDENTS, MANY OF WHOM ARE FIRST IN THEIR FAMILY TO ATTEND COLLE GE.CENTRAL UNIFIED SCHOLARSHIPS IN FISCAL YEAR 2021, CCH COMMITTED TO PROVIDING SCHOLARSHI P FUNDS FOR LOW-INCOME SENIORS FROM CENTRAL UNIFIED. CCH FUNDING OF $7,500, WITH THAT OF O THER COMMUNITY PARTNERS, WILL ENABLE THE FOUNDATION FOR CENTRAL SCHOOLS TO PROVIDE SIX $2, 500 SCHOLARSHIPS FOR LOW-INCOME STUDENTS. SCHOLARSHIPS WILL HELP STUDENTS PAY FOR COLLEGE, VOCATIONAL OR TRADE SCHOOL NEEDS. END-OF-THE-YEAR CONTRIBUTIONS CCH FUNDING OF $3,000 PRO VIDED THANKSGIVING MEALS TO NEEDY FAMILIES IN PARTNERSHIP WITH CATHOLIC CHARITIES. AS PART OF CATHOLIC CHARITIES' 10TH ANNUAL TURKEY DRIVE, NEARLY 1,200 LOW-INCOME FAMILIES RECEIVE D A TURKEY HOLIDAY MEAL BOX IN 2019. CCH ALSO FUNDED CATHOLIC CHARITIES' "ADOPT A FAMILY" HOLIDAY GIFT PROGRAM FOR LOW-INCOME CHILDREN AND FAMILIES. THE PROGRAM GIFTS CHILDREN JACK ETS, BLANKETS AND OTHER WINTER WEATHER ITEMS DURING ITS END-OF-THE-YEAR FESTIVITIES.VOLUNT EER SERVICES VOLUNTEERS ARE AN ESSENTIAL PART OF CHS'S MISSION TO IMPROVE THE HEALTH OF TH OSE WE SERVE AND OF OUR COMMUNITY. IN FISCAL YEAR 2021, 60 VOLUNTEERS PROVIDED NEARLY 2,00 0 HOURS OF SERVICE TO CRMC AND ITS PATIENTS. AT CCMC, NEARLY 22 VOLUNTEER CHAPLAINS, ADULT S, GUILD MEMBERS, YOUTH AND STUDENT VOLUNTEERS PROVIDED OVER 791 HOURS OF SERVICE. IN MARC H 2020, VOLUNTEER ACTIVITIES WERE SUSPENDED DUE TO COVID-19 VISITOR RESTRICTIONS AT ALL CH S FACILITIES. THOSE RESTRICTIONS WERE EXTENDED UNT

Form and Line Reference	Explanation
PART II:	IL JANUARY 2021, WHEN LIMITED VOLUNTEER OPPORTUNITIES WERE REINSTATED. COVID-19 PUBLIC EDU CATION CHS LED A MULTILINGUAL PUBLIC EDUCATION CAMPAIGN TO INFORM THE PUBLIC ON COVID-19 P REVENTION AND SYMPTOMS. IN COORDINATION WITH THE FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH , AND A WIDE COLLABORATIVE OF COMMUNITY-BASED ORGANIZATIONS SERVING IMMEDIATE AREA NEEDS A S A RESULT OF THE PANDEMIC, CHS PRODUCED MULTI-PLATFORM EDUCATIONAL MATERIALS. THESE MATER IALS INCLUDED EDUCATION VIDEOS, INFOGRAPHICS AND NEWS ARTICLES FEATURING SUBJECT MATTER EX PERTS IN BOTH ENGLISH AND SPANISH. TOPICS INCLUDED BASIC INFORMATION ON THE COVID-19 VACCI NE, CLEARING UP MYTHS WITH SCIENTIFIC BACKING AND THE IMPORTANCE OF CONTINUING MITIGATION METHODS TO REDUCE VIRUS SPREAD. THE CHS-PRODUCED COVID-19 EDUCATIONAL GRAPHICS AND VIDEOS WERE DISTRIBUTED TO MORE THAN 1,000 COMMUNITY LEADERS FROM NONPROFIT ORGANIZATIONS, PUBLIC HEALTH AGENCIES, HEALTH PLANS AND LOCAL SCHOOL DISTRICTS VIA FCHIP'S LIST SERVE AND CENTR AL VALLEY COMMUNITY FOUNDATION'S WEEKLY COVID-19 INFORMATIONAL CALL FOR VALLEY NONPROFITS. ON-SITE BLOOD DRIVES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY, THE CENTRAL VALLEY SAW SERIOUS DECLINES IN LOCAL BLOOD SUPPLIES. TO HELP INCREASE THE AVAILABILITY OF BLOOD RESOU RCES IN OUR REGION, CHS PARTNERED WITH THE CENTRAL CALIFORNIA BLOOD CENTER TO HELP BLOOD C OLLECTION EFFORTS. IN FISCAL YEAR 2021, CHS HOSTED AND ORGANIZED 23 EVENTS ON THE FOLLOWIN G HOSPITAL CAMPUSES AND ADMINISTRATIVE OFFICES: CCMC, CRMC, FHSH AND THE SHAW BUSINESS CEN TER. MORE THAN 830 CHS EMPLOYEES PARTICIPATED IN THE VOLUNTEER BLOOD DRIVES, WHICH PRODUCE D 740 BLOOD UNITS FOR DISTRIBUTION THROUGHOUT THE CENTRAL VALLEY REGION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	ADJUSTMENT DUE TO THE PATIENT'S ABILITY TO PAY DUE TO A BANKRUPTCY ARE RECORDED AS BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	CHS DOES NOT RECOGNIZE ANY PORTION OF ITS BAD DEBT EXPENSE AS A COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	FOOTNOTE FOR BAD DEBT EXPENSE: SEE AUDITED FINANCIAL STATEMENTS NOTE 3, PAGE 16.FOOTNOTE FOR ACCOUNTS RECEIVABLE: SEE AUDITED FINANCIAL STATEMENTS NOTE 2, PAGE 12.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE GENERALLY SUBJECT TO THE NORMAL COLLECTION PROCEDURES FOR ALL PATIENTS. THE FOLLOWING SPECIAL CIRCUMSTANCES MAY APPLY: CHS MAY EMPLOY REASONABLE COLLECTION EFFORTS TO OBTAIN PAYMENT FROM PATIENTS. GENERAL COLLECTION ACTIVITIES MAY INCLUDE ISSUING PATIENT STATEMENTS, PHONE CALLS, AND FOLLOW UP LETTERS SENT TO THE PATIENT OR GUARANTOR. CHS SHALL NOT PURSUE COLLECTIONS AND EXTRAORDINARY COLLECTION ACTIONS WHEN: THE PATIENT IS A RYAN WHITE PATIENT, THE PATIENT IS HOMELESS, THE PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE AND/OR GOVERNMENT SPONSORED COVERAGE AND THE APPLICATION IS PENDING, CHS IS AWARE THAT THE PATIENT IS ALREADY APPROVED FOR FINANCIAL ASSISTANCE, AND THE PATIENT IS REASONABLY COOPERATING WITH THE CHS IN AN EFFORT TO SETTLE AN OUTSTANDING BILL. CHS WILL MAKE REASONABLE EFFORTS TO NOTIFY THE PATIENT PRIOR TO ENGAGING IN ANY EXTRAORDINARY COLLECTION ACTIONS. THESE ACTIONS WILL ONLY TAKE PLACE AFTER 150 DAYS FROM THE INITIAL PATIENT STATEMENT. ALL PATIENT STATEMENTS SHALL INCLUDE THE NOTICE OF RIGHTS, WHICH INCLUDES A SUMMARY OF FINANCIAL ASSISTANCE THAT IS AVAILABLE TO ELIGIBLE PATIENTS. ALL PATIENTS MAY REQUEST AN ITEMIZED STATEMENT FOR THEIR ACCOUNT AT ANY TIME.

990 Schedule H, Supplemental Information

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 2019. 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. CHS 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. CHS 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. CHS 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 CHS'S WEBSITE. IN ADDITION, ALL CHS BILLING STATEMENTS SHALL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	SERVICE AREA: COMMUNITY HEALTH SYSTEMS (CHS) 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 8,900 EMPLOYEES, 1,875 AFFILIATED PHYSICIANS AND NEARLY 100 VOLUNTEERS, CHS 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. CHS 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: CHS 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:	CHS'S COMMITMENT TO COMMUNITY BENEFIT IS DEMONSTRATED AT EVERY LEVEL OF THE ORGANIZATION. EVIDENCE OF OUR MISSION IS THE CONTINUAL INVESTMENT IN IMPROVING THE HEALTH OF THOSE WE SERVE AND IN THE COMMUNITY THAT OUR MORE THAN 10,000 EMPLOYEES, PHYSICIANS AND VOLUNTEERS. AN INTEGRAL PART OF OUR MISSION IS OUR PATIENT POPULATION THAT INCLUDES MORE THAN 54,700 ADMISSIONS, 204,458 OUTPATIENT VISITS AND 159,500 EMERGENCY DEPARTMENT VISITS EQUALING MORE THAN 418,000 PATIENTS TO WHOM WE PROVIDED QUALITY MEDICAL CARE. OVER THE PAST TWO DECADES, NO OTHER HOSPITAL ORGANIZATION IN THE SAN JOAQUIN VALLEY HAS INVESTED MORE TO ENSURE HEALTHCARE ACCESS TO ALL PEOPLE OF THIS GROWING REGION.THE BOARD OF TRUSTEES REVIEWS THE COMMUNITY NEEDS ASSESSMENT, THE ANNUAL COMMUNITY BENEFIT REPORT AND OUR IMPACT ON THE AREAS OF GREATEST NEED. SENIOR MANAGEMENT ENCOURAGES INITIATIVES TO EXPAND ACCESS TO HEALTHCARE SERVICES IN OUR COMMUNITY AND IS COMMITTED TO INVESTING IN AND PARTNERING WITH LOCAL, NON-PROFIT ORGANIZATIONS WORKING IN SOCIO-ECONOMICALLY DISADVANTAGED NEIGHBORHOODS AND RURAL POPULATIONS. A MULTI-STAKEHOLDER COMMITTEE ENSURES THE BOARD AND SENIOR MANAGEMENT DIRECTIVES ARE FULFILLED AND APPROVES FINANCIAL ALLOCATIONS TO COMMUNITY BENEFIT PROGRAMS, OUTREACH AND EDUCATION.MANY CHS LEADERS AND STAFF MEMBERS PARTICIPATE IN A WIDE ARRAY OF COMMUNITY-SERVICE ORIENTED GROUPS, EXTENDING OUR COMMUNITY BENEFIT OUTREACH FAR BEYOND DOLLARS INVESTED. COMMUNITY BENEFIT AND COMMUNITY SERVICE ARE AT THE HEART OF OUR HEALTHCARE SYSTEM.

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? **2** 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

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

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:	THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONSISTS OF PRIMARY DATA FROM MORE THAN 1,000 PARTICIPANTS IN INDIVIDUAL INTERVIEWS, MULTI-LANGUAGE FOCUS GROUPS, AND ONLINE SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM AND USERS OF HEALTH IMPROVEMENT PROGRAMS AIMED AT LOW-INCOME, VULNERABLE POPULATIONS, AND SERVING CHILDREN, HOMELESS, LGBTQ+, VETERANS, SENIORS, TRIBAL COMMUNITIES, AS WELL AS AFRICAN AMERICAN, HMONG, LATINO AND SPANISH-SPEAKING POPULATIONS. SECONDARY DATA WAS COLLECTED USING GOVERNMENT AND OTHER RESOURCES, SUCH AS THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, HEALTH RESOURCES AND SERVICES ADMINISTRATION, AND THE ROBERT WOOD JOHNSON'S COUNTY HEALTH RANKINGS AND ROADMAPS.
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A:	FOURTEEN FACILITIES OVER FOUR CENTRAL VALLEY COUNTIES COLLABORATED ON THIS REPORT. THE PARTICIPATING HOSPITALS WERE: COMMUNITY REGIONAL MEDICAL CENTER, CLOVIS COMMUNITY MEDICAL CENTER, FRESNO HEART AND SURGICAL HOSPITAL, ADVENTIST HEALTH-CENTRAL VALLEY NETWORK (HANFORD, REEDLEY, AND SELMA), COALINGA MEDICAL CENTER (CLOSED), KAISER PERMANENTE-FRESNO SERVICE AREA, KAWEAH DELTA HEALTH CARE DISTRICT, MADERA COMMUNITY HOSPITAL, SAN JOAQUIN VALLEY REHABILITATION HOSPITAL, SAINT AGNES MEDICAL CENTER, SIERRA VIEW MEDICAL CENTER, AND VALLEY CHILDREN'S HEALTHCARE.

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, BUSINESSES 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 13B:	FULL CHARITY CARE IS AVAILABLE WHEN FAMILY INCOME IS AT OR BELOW 350% OF THE MOST RECENT FEDERAL POVERTY LEVEL AND WHO ARE UNINSURED.PARTIAL CHARITY CARE IS AVAILABLE WHEN FAMILY INCOME IS BETWEEN 351-400% OF THE MOST RECENT FEDERAL POVERTY LEVEL AND WHO ARE UNINSURED.

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 13H:	THE PATIENT'S, OR THE PATIENT'S FAMILY'S MEDICAL EXPENSES FOR COVERED SERVICES (INCURRED AT CHS OR OTHER PROVIDERS IN THE PAST TWELVE (12) MONTHS) EXCEEDS 10% OF THE PATIENT'S FAMILY INCOME.
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

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, LINES 7A AND 7B:	THE HOSPITAL FACILITY'S WEBSITE WHERE THE CHNA REPORT IS AVAILABLE:HTTPS://WWW.COMMUNITYMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFITOTHER WEBSITE WHERE THE CHNA REPORT IS AVAILABLE:HTTPS://WWW.HOSPITALCOUNCIL.ORG/WP-CONTENT/UPLOADS/SITES/2/2021/11/FINAL_CENTRAL_VALLEY_CHNA_3.18.PDF
PART V, SECTION B, LINE 10:	THE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY:HTTPS://WWW.COMMUNITYMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A:	PART V, LINE 16A, FAP WEBSITE:HTTPS://WWW.COMMUNITYMEDICAL.ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE/DISCOUNTS-CHARITY-CAREPART V, LINE 16B, FAP APPLICATION WEBSITE:HTTPS://WWW.COMMUNITYMEDICAL.ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE/DISCOUNTS-CHARITY-CAREPART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:HTTPS://WWW.COMMUNITYMEDICAL.ORG/FOR-PATIENTS-FAMILIES/BILLING-AND-INSURANCE/DISCOUNTS-CHARITY-CARE
PART V, SECTION B, LINE 22D:	UNDER CALIFORNIA LAW (AB 774), THE MAXIMUM THAT A FAP-ELIGIBLE PATIENT MAY BE CHARGED IS THE REIMBURSEMENT RATE OF ANY GOVERNMENT-SPONSORED HEALTH PROGRAMS IN WHICH THE HOSPITALPARTICIPATES.

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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) FAMILY HEALTHCARE NETWORK 305 W CENTER AVE VISALIA, CA 93291	94-2525145	501(C)(3)	500,000				TRANSITION GRANT
(2) FRESNO RESCUE MISSION INC PO BOX 1422 FRESNO, CA 93716	94-1279785	501(C)(3)	85,167				DONATION FOR HOMELESS RESPITE CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

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.

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 on 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 on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ 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	SOCIAL CLUB DUES ARE PAID FOR THOMAS UTECHT. THIS IS INCLUDED IN TAXABLE COMPENSATION.
PART I, LINES 4A-B	LINE 4A: TIM JOSLIN AND COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED ORGANIZATION, ENTERED INTO A SEVERANCE AGREEMENT WHEREBY MR. JOSLIN WILL RECEIVE 52 BIWEEKLY PAYMENTS FOR $34,616 BEGINNING 07/18/2020 AND ENDING 07/02/2022. WANDA HOLDERMAN AND COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED ORGANIZATION, ENTERED INTO A SEVERANCE AGREEMENT WHEREBY MS. HOLDERMAN WILL RECEIVE 39 BIWEEKLY PAYMENTS OF $17,705 BEGINNING 08/01/2020 AND ENDING 01/15/2022. LINE 4B: DURING THE YEAR, COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED ORGANIZATION, MADE A CONTRIBUTION OF $873,797 TO A SERP PLAN FOR CRAIG CASTRO. LINE 4B: DURING THE YEAR, COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED ORGANIZATION, MADE THE FOLLOWING DISTRIBUTIONS FROM THE SERP PLAN FOR THE FOLLOWING INDIVIDUALS: - CRAIG CASTRO $98,870 - ALDO DE LA TORRE $63,055 - WANDA HOLDERMAN $53,741 - TIM JOSLIN $2,051,436 - CARLA MILTON $47,160 - JOSEPH NOWICKI $67,152 - THOMAS UTECHT $63,736 - CRAIG WAGONER $92,490 LINE 4B: SELECT INDIVIDUALS AGREED TO PARTICIPATE IN A CAP-EX PLAN. SEE SCHEDULE L, PART V FOR A BROADER DESCRIPTION.
PART I, LINE 5	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA, A RELATED 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 CHS'S OPERATIONAL PERFORMANCE; - INCREASE COMMUNITY INVOLVEMENT AND EFFECTIVENESS; - INCREASE EXECUTIVE COMMITMENT TO CHS'S SHORT AND LONG TERM GOALS; - PROVIDE EXECUTIVES WITH COMPETITIVE BUT REASONABLE COMPENSATION; - AND ATTRACT AND RETAIN HIGHLY TALENTED EXECUTIVES THAT ARE CRITICALLY IMPORTANT TO THE SUCCESS OF THE ORGANIZATION.
PART I, LINE 6	SEE RESPONSE FOR QUESTION 5.

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				
1 TIM JOSLIN - FORMER PRESIDENT CHIEF EXECUTIVE OFFICER THRU 07/20	(i)	0	0	0	0	0	0	0
	(ii)	479,023	0	4,162,420	12,116	10,664	4,664,223	2,051,436
1 CRAIG CASTRO - PRESIDENT CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,127,335	172,000	223,846	893,747	22,669	2,439,597	98,870
2 CRAIG WAGONER EVP, CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	846,375	299,561	213,724	17,100	14,410	1,391,170	92,490
3 THOMAS UTECHT SVP, CHIEF QUALITY OFFICER	(i)	630,497	203,199	104,181	19,950	21,523	979,350	63,736
	(ii)	0	0	0	0	0	0	0
4 JOSEPH NOWICKI SVP, CORPORATE CFO THRU 12/20	(i)	0	0	0	0	0	0	0
	(ii)	628,095	177,361	129,866	17,100	18,807	971,229	67,152
5 ALDO DE LA TORRE SVP, NETWORK DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	533,818	191,521	147,174	14,250	21,197	907,960	63,055
6 CARLA MILTON SVP, HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	452,929	153,690	62,313	17,100	18,226	704,258	47,160
7 CHRISTOPHER NEUMAN SVP, CHIEF OPERATING OFFICER	(i)	483,160	112,694	2,535	14,250	21,026	633,665	0
	(ii)	0	0	0	0	0	0	0
8 TRACY KIRITANI CHIEF FINANCIAL OFFICER	(i)	448,784	83,698	56,695	22,800	7,908	619,885	0
	(ii)	0	0	0	0	0	0	0
9 BRIANNE L MARRIOTT SVP, CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	391,878	150,001	29,221	14,250	18,021	603,371	0
10 WANDA HOLDERMAN - SVP CHIEF CLINICAL INTGT OFFICER THRU 07/20	(i)	254,235	0	317,976	15,404	9,251	596,866	53,741
	(ii)	0	0	0	0	0	0	0
11 JEFFREY THOMAS - CHIEF MEDICAL & QUALITY OFFICER - CRMC	(i)	457,329	86,065	2,424	14,250	18,232	578,300	0
	(ii)	0	0	0	0	0	0	0
12 DEBORAH MOFFETT - VP FINANCE INTERIM CFO/VICE FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	331,522	72,572	7,225	22,800	7,625	441,744	0
13 PATRICK T RAMIREZ SVP, COMMUNITY PROVIDER NETWORK	(i)	0	0	0	0	0	0	0
	(ii)	290,752	73,823	10,649	14,250	20,391	409,865	0
14 JUANITA HERNANDEZ - VICE SECRETARY/DIRECTOR, CORP GOVERNANCE	(i)	0	0	0	0	0	0	0
	(ii)	182,399	38,264	16,208	14,226	15,251	266,348	0
15 ROBYNN L VAN PATTEN - FORMER SVP, CHIEF LEGAL OFFICER THRU 06/19	(i)	0	0	0	0	0	0	0
	(ii)	0	0	244,526	0	10,766	255,292	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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	12,467,535	66,915,457		
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				
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	76,823,699	377,082,317		
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 of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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
See Additional Data Table												
Total . . . . . ▶ $						16,296,765						

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) MATTHEW JOSLIN	FAMILY MEMBER OF T. JOSLIN, AN OFFICER OF FCH&MC.	251,627	SALARIES AND WAGES		No
(2) CHRIS-ANN VENUGOPAL	FAMILY MEMBER OF C. VENUGOPAL, MD, A MEMBER OF FCH&MC'S BOARD OF TRUSTEES	182,191	SALARIES AND WAGES		No
(3) REBECCA HAMBALEK	FAMILY MEMBER OF R. QUINTO, A MEMBER OF FCH&MC'S BOARD OF TRUSTEES	13,913	SALARIES AND WAGES		No
(4) ADVANCE LAPAROSCOPIC SURGERY ASSOCIATES	35% CONTROLLED ENTITY OF K. BOONE, A MEMBER OF FCH&MC'S BOARD OF TRUSTEES	716,394	MEDICAL DIRECTORSHIP AND ON-CALL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
PART II:	(C) PURPOSE OF LOAN:THE ORGANIZATION HAS ENTERED INTO COLLATERAL ASSIGNMENT SPLIT DOLLAR AGREEMENTS WITH THE PERSONS LISTED ON SCHEDULE L, PART II UNDER TREAS. REG. SECTION 1.7872-15(E)(5)(II). THE ORGANIZATION HAS INVESTED AMOUNTS LISTED IN COLUMN (E) INTO THE PLANS AND IS ENTITLED TO RECEIVE A RETURN OF THESE FUNDS, PLUS AN INTEREST RATE UPON THE DEATH OF THE NAMED PERSON.

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) TIM JOSLIN	FORMER OFFICER/KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	5,789,822	5,988,385		No	Yes		Yes	
(1) CRAIG CASTRO	OFFICER	SPLIT INTEREST INSURANCE		X	2,630,651	2,721,102		No	Yes		Yes	
(2) JOSEPH NOWICKI	OFFICER	SPLIT INTEREST INSURANCE		X	1,382,253	1,429,780		No	Yes		Yes	
(3) CRAIG WAGONER	KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	986,225	1,020,135		No	Yes		Yes	
(4) ALDO DE LA TORRE	KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	1,795,318	1,830,961		No	Yes		Yes	
(5) CARLA MILTON	KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	706,907	731,213		No	Yes		Yes	
(6) ROBYNN VAN PATTEN	FORMER KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	690,388	714,126		No	Yes		Yes	
(7) BRIANNE L MARRIOTT	KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	823,753	833,488		No	Yes		Yes	
(8) PATRICK RAMIREZ	KEY EMPLOYEE	SPLIT INTEREST INSURANCE		X	1,020,019	1,027,575		No	Yes		Yes	

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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 I, LINE 6:	DUE TO THE COVID-19 PANDEMIC, THERE WERE FEWER VOLUNTEERS FOR FISCAL YEAR 2021 DUE TO RESTRICTIONS FOR ADDITIONAL NON-ESSENTIAL PERSONNEL IN THE HOSPITAL'S FACILITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEADING, BOX C:	OTHER DBAS USED: BOB SMITTCAMP FAMILY NEUROSCIENCE INSTITUTE CENTRAL CALIFORNIA HEART INST ITUTE CLOVIS COMMUNITY CENTER FOR WOUND HEALING CLOVIS COMMUNITY MEDICAL CENTER COMMUNITY BEHAVIORAL HEALTH CENTER COMMUNITY CANCER INSTIUTE COMMUNITY DIALYSIS CENTER - CLOVIS COMM UNITY DIALYSIS CENTER - FRESNO COMMUNITY HEALTH CENTER - SIERRA COMMUNITY HEALTH SYSTEM CO MMUNITY HOME CARE COMMUNITY MEDICAL CENTERS COMMUNITY PROVIDER NETWORK COMMUNITY REGIONAL MEDICAL CENTER COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER DERAN KOLIGIAN AMBULATORY C ARE CENTER DIABETES CARE CENTER OF FRESNO FRESNO HEART AND SURGICAL HOSPITAL UNIVERSITY ME DICAL CENTER

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, CO MMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION, COMMUNITY HEALTH PARTNERS, 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 IS THE SOLE MEMBER OF FCH&MC. IT HAS THE SOLE AND EXCLUSIVE RIGHT TO APPOINT ALL OF THE 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. EACH DIRECTOR, PRINCIPAL OFFICER A ND MEMBER COMMITTEE WITH BOARD DELEGATED POWERS ALSO COMPLETES A CONFLICT OF INTEREST DISC LOSURE STATEMENT PRIOR TO THE ASSIGNMENT OF THEIR DUTIES AND THEREAFTER ON AN ANNUAL BASIS . THE STATEMENT ASKS SPECIFIC QUESTIONS THAT WOULD DETERMINE IF THERE ARE CONFLICTS OF INT ERESTS. CHS'S CHIEF ETHICS & COMPLIANCE OFFICER, AND CHIEF LEGAL OFFICER REVIEW THE RESPON SES AND DETERMINE WHETHER THERE IS A CONFLICT BASED ON POLICY. IF A CONFLICT OF INTEREST I S IDENTIFIED, THE DIRECTOR, PRINCIPAL OFFICER, OR MEMBER COMMITTEE WITH BOARD DELEGATED PO WERS WILL BE REMOVED FROM DECISION MAKING AS IT PERTAINS TO THAT CONFLICT. TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT D OES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FR OM FEDERAL INCOME TAX, PERIODIC REVIEWS ARE CONDUCTED. THE PERIODIC REVIEWS, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: 1) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REA SONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING; 2) WHETHER ARRANGEMENTS FOR PHYSICIA N AND OTHER PROVIDER SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT; 3) WHE THER PARTNERSHIP AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE O RGANIZATIONS AND PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERL Y RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT; AND 4) WHETHER AGREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDER S, EMPLOYEES, AND THIRD PARTY PAYORS FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. FORM 990, PART VI, SECTION B, LI NE 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 WHICH INCLUDED THE USE OF COMPARABILITY DATA AND D OCUMENTATION OF THE FINDINGS REPORTED TO THE COMMITTEE. THIS PROCESS WAS MOST RECENTLY COM PLETED IN OCTOBER, 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 201,391,883. MANAGEMENT AND GENERAL EXPENSES 0. F UNDRAISING EXPENSES 0. TOTAL EXPENSES 201,391,883. MD SUPERVISORY FEES: PROGRAM SERVICE EX PENSES 12,317,008. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENS ES 12,317,008. CONSULTING & MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GE NERAL EXPENSES 218,373. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 218,373. MEDICAL PURCHASED SERVICE: PROGRAM SERVICE EXPENSES 14,641,207. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISI NG EXPENSES 0. TOTAL EXPENSES 14,641,207. LINEN SERVICES: PROGRAM SERVICE EXPENSES 3,366,6 74. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,366,674. A MBULANCE SERVICE: PROGRAM SERVICE EXPENSES 3,666,361. MANAGEMENT AND GENERAL EXPENSES 0. F UNDRAISING EXPENSES 0. TOTAL EXPENSES 3,666,361. OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 65,609,513. MANAGEMENT AND GENERAL EXPENSES 12,497,050. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 78,106,563.

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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
(3) FRESNO HEART HOSPITAL 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) No
(1)COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA 1560 E SHAW AVENUE FRESNO, CA 93710 94-2864615	SUPPORTING ORGANIZATION	CA	501(C)(3)	LINE 12B, II	N/A	Yes	
(2)COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION 1560 E SHAW AVENUE FRESNO, CA 93710 77-0191730	SUPPORTING ORGANIZATION	CA	501(C)(3)	LINE 7	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	Yes	
(3)COMMUNITY HEALTH PARTNERS 45 RIVER PARK PLACE WEST SUITE 507 FRESNO, CA 93720 85-2103299	HEALTHCARE	CA	501(C)(3)	LINE 3	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER	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
(1) AMI REALTY PARTNERS LP 1560 E SHAW AVENUE FRESNO, CA 93710 20-3709876	REAL PROPERTY RENTAL	CA	FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER	EXCLUDED	112,662	326,915		No			No	50.000 %

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	8,548,324	28,212,971	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	65,882,340	12,261,539	100.000 %	Yes	
(3)COMMUNITY HEALTH ENTERPRISES INC 789 N MEDICAL CTR DR EAST CLOVIS, CA 93611 77-0175659	PHARMACY SALES	CA	COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	C				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	Yes	
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	Yes	
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	Yes	
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	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-1156276

Name: FRESNO COMMUNITY HOSPITAL AND MEDICAL CENTER

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION	C	2,937,656	CASH
COMMUNITY INSURANCE SERVICES COMPANY	R	6,818,716	CASH
CALIFORNIA IMAGING INSTITUTE LLC	S	400,000	CASH
COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	P	220,833,934	CASH
AMI REALTY PARTNERS LP	S	73,041	CASH
COMMUNITY HEALTH PARTNERS	A	1,072,778	CASH
COMMUNITY HEALTH PARTNERS	J	1,072,778	CASH
COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA FOUNDATION	S	8,709,625	CASH