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*Proposed Attorneys for the Official  
 Committee of Unsecured Creditors*

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**UNITED STATES BANKRUPTCY COURT  
 EASTERN DISTRICT OF WASHINGTON**

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IN RE:

ASTRIA HEALTH, et al.,  
 Debtors.<sup>1</sup>

Lead Case No. 19-01189-11

Jointly Administered

**CORRECTED  
 OFFICIAL COMMITTEE OF  
 UNSECURED CREDITORS' OBJECTION  
 TO DEBTORS' EX PARTE MOTION FOR**

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<sup>1</sup> The Debtors, along with their case numbers, are as follows: Astria Health (19-01189-11), Glacier Canyon, LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-11), Oxbow Summit, LLC (19-01195-11), SHC Holdco, LLC (19-01196-11), SHC Medical Center-Toppenish (19-01190-11), SHC Medical Center-Yakima (19-01192-11), Sunnyside Community Hospital Association (19-01191-11), Sunnyside Community Hospital Home Medical Supply, LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside Professional Services, LLC (19-01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA Home Health, LLC (19-01200-11)..

MOTION TO SEAL OBJECTION



885310019071900000000006

**ENTRY OF AN ORDER SEALING  
EXHIBIT 1 TO THE INSIDER  
COMPENSATION NOTICE [DOCKET  
NO. 146]**

The Official Committee of Unsecured Creditors (the “Committee”) of Astria Health (together with its affiliated debtors in possession, the “Debtors”), by and through its proposed undersigned counsel, hereby files this objection (the “Objection”) to the Debtors’ *Ex Parte Motion for Entry of an Order Sealing Exhibit 1 to the Insider Compensation Notice* (the “Motion”) [Docket No. 146]. In support of the Objection, the Committee respectfully represents as follows:

**PRELIMINARY STATEMENT**

The Motion should be denied because the Debtors are required by section 107(a) of title 11 of the United States Code (the “Bankruptcy Code”), Rule 9009 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”), and Rule 3016-1 of the Local Rules of the United States Bankruptcy Court for the Eastern District of Washington (the “Local Rules”) to disclose the information the Debtors seek to file under seal, and neither section 107(b) or (c) nor section 105 of the Bankruptcy Code sets forth any exception to those requirements.

The Debtors’ practice of keeping salary information private (a practice shared by nearly all corporate debtors) and their generalized concerns about the possible effects of disclosing insider salary information are not sufficient justify negating the

1 Debtors' disclosure obligations and Congress's "strong desire to preserve the public  
2 right of access to judicial records in bankruptcy proceedings" by granting the  
3 "extraordinary remedy" of sealing the information.

4 The Debtors do not cite any case in which basic salary information was sealed  
5 in similar circumstances or in contravention of the disclosure requirements of section  
6 107(a) of the Bankruptcy Code, Bankruptcy Rule 9009, and Local Rule 3016-1, and  
7 do not offer any evidence that their request falls within the limited scope of sections  
8 107(b) and (c).

9 Accordingly, as set forth more fully below, the Committee respectfully  
10 requests that this Court deny the Motion in keeping with the policy of public access  
11 to bankruptcy court records.

### 12 **BACKGROUND**

13 On May 6, 2019 (the "Petition Date"), each of the Debtors filed a voluntary  
14 petition for relief under chapter 11 of the Bankruptcy Code. The Debtors' chapter 11  
15 cases are currently being jointly administered in this Court [Docket No. 10]. The  
16 Debtors continue to operate their businesses and manage their property as debtors in  
17 possession pursuant to section 1107 and 1108 of the Bankruptcy Code. No trustee or  
18 examiner has been appointed in these cases.

19 On May 24, 2019, the U.S. Trustee appointed the Committee.  
20  
21

1 On May 28, 2019, the Debtors filed the *Notice of Intent to Compensate*  
2 *Insiders* (the “Insider Payment Notice”) [Docket No. 145]. The same day, the  
3 Debtors filed the Motion, seeking to file the Insider Payment Notice’s Exhibit A –  
4 which lists certain compensation information for the insiders who will receive the  
5 payments – under seal.

6 **OBJECTION**

7 The Committee objects to the Motion on the ground that the Debtors are  
8 required by section 107(a) of the Bankruptcy Code, Bankruptcy Rule 9009, and Local  
9 Rule 3016-1 to disclose the compensation information the Debtors seek to file under  
10 seal, and neither section 107(b) or (c) nor section 105 of the Bankruptcy Code set  
11 forth any exception to those disclosure requirements.

12 “[C]ourts of this country recognize a general right to inspect and copy public  
13 records and documents.” *Nixon v. Warner Communications Inc.*, 435 U.S. 589, 597-  
14 98 (1978). This policy is codified in the context of bankruptcy by section 107(a) of  
15 the Bankruptcy Code, which provides in relevant part as follows:

16 Except as provided in subsections (b) and (c) . . . , a paper filed in a  
17 case under this title and the dockets of a bankruptcy court are  
18 public records and open to examination by an entity at reasonable  
times without charge.

19 As observed by the Second Circuit, section 107(a) “evidences [C]ongress’s strong  
20 desire to preserve the public’s right of access to judicial records in bankruptcy  
21

proceedings.” *Video Software Dealers Ass’n v. Orion Pictures Corp. (In re Orion Pictures Corp.)*, 21 F.3d 24, 26 (2d Cir. 1994).

In keeping with the foregoing and the policy of transparency in bankruptcy proceedings, section 521 of the Bankruptcy Code and Bankruptcy Rule 1007 require debtors to file, among other things, a statement of financial affairs. An official form (Official Form 207) (the “SOFA”) has been established for that purpose, and its question number 4 requires debtors to “[l]ist payments or transfers, including expense reimbursements, made within 1 year before filing [the case] on debts owed to an insider<sup>[2]</sup> . . . .” As provided in Bankruptcy Rule 9009, use of the official form – and therefore disclosure of payments to insiders – is mandatory.

Finally, and most pointedly, Local Rule 3016-1(b) requires debtors to file an affidavit or certificate under penalty of perjury that discloses, among other things, the amount proposed to be paid to insiders during the thirty (30) day period following the bankruptcy filing. Local Rule 3016-1(c) provides that such compensation may only be paid after the following disclosure:

The . . . debtor in possession shall give notice to all parties on the Master Mailing List of the intent to pay compensation. The notice shall state the amount of compensation, to whom the compensation is to be paid, the amount of compensation over the

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<sup>2</sup> As set forth on the SOFA, “*Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).”

1 past twelve (12) months, and the nature of the services to be  
2 performed.

3 Local Rule 3016-1(c)(2). Accordingly, the Debtors are expressly required to disclose  
4 to all parties in interest the information they seek to file under seal.

5 Although section 107(b) of the Bankruptcy Code provides protection to entities  
6 with respect to “a trade secret or confidential research, development, or commercial  
7 information[;]” and section 107(c) provides protection to individuals with respect to  
8 certain information that would “create undue risk of identity theft or other unlawful  
9 injury to the individual or the individual’s property[,]” they are limited exceptions to  
10 the policy of public access to records in bankruptcy cases and do not negate the  
11 disclosure requirements of the SOFA and Local Rule 3016-1.

12 As the moving parties, the Debtors bear the burden of demonstrating the need  
13 for protection under sections 107(b) and (c). *Motors Liquidation Co. Avoidance*  
14 *Action Trust v. JPMorgan Chase Bank, N.A. (In re Motors Liquidation Co.)*, 561  
15 B.R. 36, 42 (Bankr. S.D.N.Y. 2016). This is a heavy burden, requiring an  
16 “extraordinary circumstance or compelling need.” *Id.* As stated in *In re Food Mgmt.*  
17 *Grp.*, 359 B.R. 543, 554 (Bankr. S.D.N.Y. 2007):

18 Section 107(b) establishes an exception to the general right of  
19 access where under compelling or extraordinary circumstances an  
20 exception is necessary. However, in most cases a judge must  
21 carefully and skeptically review sealing requests to insure that  
there really is an extraordinary circumstance or compelling need  
to keep this material private. Section 107(b) is not intended to  
save the debtor or creditors from embarrassments.

1  
2 For the reasons set forth below, the Debtors have not met this burden.

3 As an initial matter, the disclosure requirements of the SOFA and, in this  
4 District, Local Rule 3016-1 constitute determinations that basic insider salary  
5 information of the type the Debtors seek to file under seal does not fall within the  
6 scope of section 107(b) or (c). This is consistent with the policy that sections 107(b)  
7 and (c) should be “construed narrowly.” *See, e.g., In re Khan*, 2013 Bankr. LEXIS  
8 5303, \*7 (B.A.P. 9th Cir. Dec. 17, 2013) (right of public access in bankruptcy “is  
9 subject to very limited exceptions” and courts “construe these exceptions narrowly”);  
10 *In re Roman Catholic Archbishop of Portland in Or.*, 2009 Bankr. LEXIS 1906, \*40  
11 (Bankr. D. Ore. June 24, 2009) (exceptions “are construed narrowly, in light of the  
12 general public policy that court records should be open for public inspection”)  
13 (internal quotations omitted).

14 Indeed, although the Debtors argue that the insiders’ salary information should  
15 be sealed under sections 107(b) and (c) to “protect [the Debtors’] confidential  
16 information and trade secrets of the compensation system and also to protect their  
17 employees’ privacy[,]” the Debtors do not cite any case in which section 107(b) or  
18 (c) was applied to seal basic insider salary information or prevent the disclosures  
19 required by the SOFA and Local Rule 3016-1.

20 The Debtors rely on *Moussouris v. Microsoft Corp.*, 2018 U.S. Dist. LEXIS  
21 72214 (W.D. Wash. Apr. 29, 2018), in which the court ordered compensation

1 information set forth on a declaration exhibit to be sealed based on the  
2 recommendation of a special master. However, *Moussouris* is inapplicable for a  
3 number of reasons. *Moussouris* was not a bankruptcy case and was not tried in this  
4 district. It therefore did not implicate section 107, the SOFA, or Local Rule 3016-1.  
5 Moreover, the general subject matter of the litigation was so sensitive that a special  
6 master was appointed to review case documents and make sealing recommendations.  
7 Further, with respect to the specific recommendation at issue, no party objected.  
8 Finally, the sealed exhibit, which is attached hereto as Exhibit A, contained  
9 significantly more information than the straightforward salary figures the Debtors  
10 seek to seal in this case. Among other things, the exhibit set forth employees' length  
11 of employment, payscale type, stock level, performance rating, bonuses, total  
12 compensation, "reward outcomes," and other detailed information that could reflect  
13 "confidential human resources strategy on approaching compensation an promotion."

14 The bankruptcy cases on which the Debtors rely – *In re Brookstone Holdings*  
15 *Corp.*, Case No. 14-10752 (BLS); *In re Green Field Energy Servs. Inc.*, Case No. 13-  
16 12783 (KG) (Bankr. D. Del.); *In re Furniture Brands Int'l Inc.*, Case No. 13-12329  
17 (CSS) (Bankr. D. Del.); and *In re Vertis Holdings, Inc.*, Case No. 12-12821 (CSS)  
18 (Bankr. D. Del.) – all concerned requests for approval of key employee incentive and  
19 key employee retention plans. Due to the nature of those requests, those cases  
20 involved more detailed and sensitive compensation information than the salary  
21



1 information required to be disclosed in this instance. In addition, the requests  
2 concerned *new* compensation structures, information of a different character  
3 altogether. Notably, in each case, the debtors complied with the disclosure  
4 requirements of the SOFA and identified insider payments made over the previous 12  
5 months, including payments of insider salaries.

6 The Debtors' position fundamentally rests upon concern over their practice of  
7 "[not] making specific compensation an open item to the public or to its non-  
8 executive employees" (a practice shared by nearly all corporate debtors) and  
9 speculation regarding the possible effects of doing so. The former is not strictly  
10 accurate: Because the Debtors are non-profit entities, they are required by Internal  
11 Revenue Service guidelines to make their Forms 990-T (Exempt Organization  
12 Business Income Tax Return) available for public inspection. Part VII of Form 990-  
13 T requires disclosure of compensation information for exempt organizations' officers,  
14 directors, trustees, key employees, and certain other individuals. (By way of  
15 example, a copy of the 2016 Form 990 for Sunnyside Community Hospital  
16 Association is attached hereto as Exhibit B.)

17 The latter is insufficient to support the relief requested, as the Debtors offer no  
18 evidence that the information they seek to seal constitutes a "trade secret"<sup>3</sup> or  
19

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20 <sup>3</sup> "Trade secret" is not defined in the Bankruptcy Code. The Uniform Trade Secrets  
21 Act, as adopted by Washington, defines trade secrets as "information, including a  
formula, pattern, compilation, program, device, method, technique, or process that:

1 “commercial information,”<sup>4</sup> or that its disclosure would lead to poaching or expose  
2 their employees<sup>5</sup> to identity theft. *See, e.g., Motors Liquidation Co.*, 561 B.R. at 43  
3 (“Evidence – not just argument – is required to support the extraordinary remedy of  
4 sealing.”); *In re Dreier LLP*, 485 B.R. 821, 823 (Bankr. S.D.N.Y. 2013) (holding that  
5 “conclusory statements in [a declaration] are not probative”).

6 In addition to sections 107(b) and (c), the Debtors cite section 105(a) of the  
7 Bankruptcy Code in support of their position without discussion. However, absent  
8 grounds for protection under sections 107(b) and (c), section 105(a) does not create  
9 an independent basis for relief. *See, e.g., Casse v. Key Bank Nat’l Ass’n (In re*  
10 *Casse)*, 198 F.3d 327, 336 (2d Cir. 1999) (“The broad equitable powers that  
11

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12 (a) Derives independent economic value, actual or potential, from not being generally  
13 known to, and not being readily ascertainable by proper means by, other persons who  
14 can obtain economic value from its disclosure or use; and (b) Is the subject of efforts  
that are reasonable under the circumstances to maintain its secrecy.” Rev. Code  
Wash (ARCW) § 19.108.010.

15 <sup>4</sup> “Commercial information” also is not defined in the Bankruptcy Code. “Although  
16 [such] information need not rise to the level of a ‘trade secret,’ the information must  
17 be ‘so critical to the operations of the entity seeking the protective order that its  
disclosure will unfairly benefit the entity’s competitors.” *Motors Liquidation Co.*,  
561 B.R. at 43 (quoting *In re Borders*, 462 B.R. 42, 47-48 (Bankr. S.D.N.Y. 2011)).

18 <sup>5</sup> The Committee notes that it is not clear that the insiders in question are actually  
19 employees of the Debtors. As set forth in paragraph 2 of the *Declaration of John*  
20 *Gallagher in Support of Debtors’ Joint Motion for an Order (a) Directing the Joint*  
21 *Administration of These Cases, Including the Use of Consolidated Lists, and (b)*  
*Limiting Scope of Notice* [Docket No. 4], Mr. Gallagher is an employee of AHM,  
Inc., “a nondebtor entity that provides management services to Astria and its  
affiliated debtors[.]”

1 bankruptcy courts have under section 105(a) may not be exercised in a manner that is  
2 inconsistent with the other, more specific provisions of the Code.”) (quoting *Frieouf*  
3 *v. United States (In re Frieouf)*, 938 F.2d 1099, 1103 (10th Cir. 1991))

4 Based on the foregoing, the Committee submits that there is no basis for  
5 sealing the insider compensation information at issue.

6 **WHEREFORE**, the Committee respectfully requests that the Court deny the  
7 Motion.

8 Dated: June 7<sup>th</sup>, 2019

9 /s/Jane Pearson

10 Jane E. Pearson (WSBA #12785)

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16 -and-

17 Andrew H. Sherman (*pro hac vice*)

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*Proposed Attorneys for the Official Committee  
of Unsecured Creditors*

# EXHIBIT A

The Honorable James L. Robart

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

KATHERINE MOUSSOURIS, HOLLY  
MUENCHOW, and DANA PIERMARINI, on  
behalf of themselves and a class of those  
similarly situated,

Plaintiffs,

v.

MICROSOFT CORPORATION,  
Defendant.

Case No. 2:15-cv-01483-JLR

**DECLARATION OF MARK S. PARRIS  
IN SUPPORT OF MICROSOFT'S  
REPLY IN SUPPORT OF MOTION TO  
EXCLUDE REPORTS AND OPINION  
OF PLAINTIFFS' EXPERT HENRY S.  
FARBER, PH.D**

**NOTE ON MOTION CALENDAR:  
MARCH 16, 2018**

**ORAL ARGUMENT REQUESTED**

1 I, Mark S. Parris, declare as follows:

2 1. I am a partner at Orrick, Herrington & Sutcliffe, LLP, counsel of record for  
3 Defendant MICROSOFT CORPORATION (“Microsoft” or the “Company”) in connection with  
4 the above-captioned matter. I am a member in good standing of the State Bar of Washington  
5 and the bar of this Court.

6 2. I submit this declaration in support of Microsoft’s Reply in Support of Motion to  
7 Exclude Reports and Opinion of Plaintiffs’ Expert Henry S. Farber, Ph.D. I have personal  
8 knowledge of the matters set forth in this Declaration. If called as a witness, I am competent to  
9 testify to those matters.

10 3. Attached hereto as **Exhibit A** is a true and correct copy of excerpts from the  
11 transcript of the December 8, 2017 deposition of Dr. Farber.

12 I certify under penalty of perjury and pursuant to the laws of the United States (28 U.S.C.  
13 § 1746) that the foregoing is true and correct, and that this declaration was executed by me on  
14 March 16, 2018

15  
16  
17 s/Mark S. Parris

18 Mark S. Parris  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**CERTIFICATE OF SERVICE**

I hereby certify that on March 16, 2018, I caused the foregoing document to be electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of the filing to all counsel of record.

DATED: March 16, 2018

ORRICK, HERRINGTON & SUTCLIFFE LLP

By: s/Mark S. Parris  
Mark S. Parris (WSBA No. 13870)  
mparris@orrick.com

701 Fifth Avenue, Suite 5600  
Seattle, WA 98104-7097  
Telephone: 206-839-4300  
Facsimile: 206-839-4301

# **Exhibit A**

**REDACTED VERSION**



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Page 1

1  
2 UNITED STATES DISTRICT COURT  
3 WESTERN DISTRICT OF WASHINGTON  
4 AT SEATTLE  
-----

5 KATHERINE MOUSSOURIS, HOLLY MUENCHOW  
6 and DANA PIERARINI on behalf of herself  
7 and a class of those similarly situated,  
8 Plaintiff,  
9

10 v. Case Number:  
11 2:15-cv-01453-JLR  
12 MICROSOFT CORPORATION,  
13 Defendant.  
14 -----

15 CONFIDENTIAL

16 VIDEOTAPED DEPOSITION  
17 OF  
18 HENRY S. FARBER  
19 FRIDAY, DECEMBER 8, 2017  
20 9:30 a.m.  
21 New York, New York  
22  
23

24 Job No: 134810

25 Reported by: Adrienne M. Mignano, RPR

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1 Farber

2 MR. KLEIN: Objection as to  
3 form.

4 A I don't want to give an  
5 erroneous answer here. I remember we had  
6 a discussion about this, and I don't  
7 remember whether we chose to use only  
8 people who were in one of the two  
9 professions for the full year or whether  
10 we incorporated the part years they were  
11 in the professions if they were in other  
12 professions. We can check that. I just  
13 don't remember.

14 Q Okay.

15 Now if you look at Table 1 of  
16 Exhibit 9, again I'll make the  
17 representation that this table represents  
18 data for four employees from the dataset  
19 that you had for compensation year 2016,  
20 and is it correct that your Model 5  
21 regresses total compensation on salary  
22 year months at Microsoft, age, state,  
23 city, pay scale type, reward outcome,  
24 discipline, and standard title, plus  
25 gender?

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1 Farber

2 A I believe so.

3 Q Okay.

4 So in this Table 1, again  
5 assuming that I've accurately pulled the  
6 data, these four individuals all appear to  
7 be 43 years old with about ten years of  
8 experience at Microsoft working as  
9 software engineers in Redmond, Washington,  
10 and all received a performance rating of  
11 4.

12 At least based on what's on this  
13 page, does that appear to be the case?

14 A Yes.

15 Q Okay.

16 So for purposes of your model,  
17 would you consider these four people to be  
18 similarly situated employees?

19 MR. KLEIN: Objection as to  
20 form. And note my continuing  
21 objection to the use of this document.

22 A I would say they have the same  
23 values with respect to the variables in my  
24 model.

25 Q Okay.

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1 Farber

2 And would your model more or  
3 less predict the same pay for all four of  
4 these employees, but for possibly gender?

5 MR. KLEIN: Objection as to  
6 form.

7 A Yes, if these data are correct.

8 Q I understand that ongoing caveat  
9 to all questions about this table.

10 So if the employee in the top  
11 row were a woman and if the other three  
12 were men, is it correct that your model  
13 would attribute their differences in total  
14 compensation and gender?

15 MR. KLEIN: Objection as to  
16 form. Mischaracterizes the evidence.

17 A No.

18 Q Why not?

19 A There is other things that are  
20 not included in the model. It is not just  
21 gender. It would let -- so I wouldn't  
22 attribute the entire difference to gender.

23 Q Okay.

24 So as it happens, all four of  
25 these employees on Table 1 are men.

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1 Farber

2 Can you think of any other  
3 reason why the employee on the bottom row,  
4 number 271057, that's the personnel  
5 number, would have a base salary 70  
6 percent higher than the employee in the  
7 top row, and a total comp that's 195  
8 percent higher?

9 MR. KLEIN: Objection as to  
10 form. Note my continuing objection to  
11 the use of this document.

12 A No, I don't. They are factors  
13 that are not measured. I don't know what  
14 they are.

15 Q Okay.

16 In paragraph 42 of your report,  
17 I believe you explain that you used a  
18 probit model to evaluate advancements; is  
19 that right?

20 A Yes.

21 Q Okay.

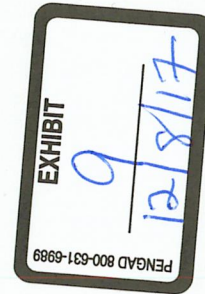
22 Why did you not use a regression  
23 model for that?

24 A Because the outcome we're trying  
25 to explain can only take on two discreet

Excerpts from datasets Farber used for your pay regressions ("microsoft\_analysis.dta")

TABLE 1

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Personnel Number	Salary year	Profession	Discipline	Standard Title	Age	Months at ms	Annual Salary	YEARTotal comp2	State work	Citywork	Payscale type	Reward outcome
264682	2016	Engineering	Software Engineering	Software Engineer	43	123			WA	Redmond	E&R	4
268210	2016	Engineering	Software Engineering	Software Engineer	43	121			WA	Redmond	E&R	4
278633	2016	Engineering	Software Engineering	Software Engineer	43	119			WA	Redmond	E&R	4
271057	2016	Engineering	Software Engineering	Software Engineer	43	121			WA	Redmond	E&R	4



Excerpts from datasets Farber used for your pay regressions ("microsoft\_analysis.dta")

TABLE 2

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Personnel Number	Salary Year	Profession	Discipline	Standard Title	Stock level	Performance rating	Reward Outcome	Annual Salary	YEARrewardbonus	YEARvalueawarded	YEARSbta
(A)	161904	2012	Engineering	Software Development	Senior Software Development Engineer	63	1	99				
(B)	161904	2013	Engineering	Software Development	Senior Software Development Engineer	64	1	99				
(C)	161904	2014	Engineering	Software Development	Senior Software Development Engineer	64	2	99				
(D)	161904	2015	Engineering	Software Development	Senior Software Development Engineer	64	99	4				
(E)	161904	2016	Engineering	Software Engineering	Software Engineer	64	99	4				

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Farber

## C E R T I F I C A T E

STATE OF NEW YORK )

: SS

COUNTY OF NEW YORK)

I, Adrienne M. Mignano, a  
Registered Professional Reporter and Notary  
Public within and for the State of New York,  
do hereby certify:

That HENRY S. FARBER, the  
witness whose deposition is hereinbefore set  
forth, was duly sworn by me and that such  
deposition is a true record of the testimony  
given by the witness.

I further certify that I am  
not related to any of the parties to this  
action by blood or marriage, and that I am  
in no way interested in the outcome of this  
matter.

IN WITNESS WHEREOF, I have  
hereunto set my hand this 13th day of  
December 2017.

  
ADRIENNE M. MIGNANO



# EXHIBIT B

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318009017

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

C Name of organization

D Employer identification number

E Telephone number

F Name and address of principal officer

G Gross receipts \$ 90,262,248

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

H(b) Are all subordinates included?

H(c) Group exemption number

I Tax-exempt status

J Website: WWW.SUNNYSIDEHOSPITAL.ORG

K Form of organization

L Year of formation 1985

M State of legal domicile WA

Part I Summary

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

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

4 Number of independent voting members of the governing body

5 Total number of individuals employed in calendar year 2016

6 Total number of volunteers (estimate if necessary)

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

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

8 Contributions and grants

9 Program service revenue

10 Investment income

11 Other revenue

12 Total revenue—add lines 8 through 11

13 Grants and similar amounts paid

14 Benefits paid to or for members

15 Salaries, other compensation, employee benefits

16a Professional fundraising fees

16b Total fundraising expenses

17 Other expenses

18 Total expenses

19 Revenue less expenses

20 Total assets

21 Total liabilities

22 Net assets or fund balances

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.

Signature of officer

Date

CARY ROWAN CFO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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**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

TO PROVIDE COMPREHENSIVE QUALITY CARE TO THE REGION

**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

<b>4a</b>	(Code )	(Expenses \$ 67,052,492	including grants of \$	(Revenue \$ 87,420,819 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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







<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )		
	(Expenses \$	including grants of \$	(Revenue \$ )

**4e** Total program service expenses **67,052,492**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	Yes	

## Part V

9

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b> 138	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	
<b>2a</b>	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 . . . . .	<b>2a</b> 605	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>		<b>8</b>	
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," enter the amount of payments for indoor tanning services during the tax year . . . . .	<b>14b</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	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?	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>15b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: \_\_\_\_\_



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ANN BLIESNER PRESIDENT/CH	4 00 1 00	X		X				0	0	0
(2) PEGGY BREWER VICE CHAIR	4 00	X		X				0	0	0
(3) JONATHAN MERCER SECRETARY/TR	4 00 1 00	X		X				0	0	0
(4) RYAN MAXWELL TRUSTEE	4 00	X						0	0	0
(5) SUZY FONSECA TRUSTEE	4 00	X						0	0	0
(6) CUS ARTEAGA TRUSTEE	4 00	X						0	0	0
(7) CHRIS RIVAS TRUSTEE	4 00	X						0	0	0
(8) ANA GARCIA TRUSTEE	40 00	X						295,125	0	36,415
(9) DAVID SHOEMAKER TRUSTEE	40 00 1 00	X						489,461	0	33,494
(10) JOHN GALLAGHER CEO	40 00 1 00			X				0	0	0
(11) CARY ROWAN CFO	40 00 1 00			X				0	0	0
(12) BRIAN GIBBONS COO	40 00				X			222,903	0	25,815
(13) VALENTIN ANTOCI PHYSICIAN	40 00					X		1,381,963	0	21,940
(14) TATIANA ANTOCI PHYSICIAN	40 00					X		448,692	0	20,945
(15) ROBERT COLEMAN PHYSICIAN	40 00					X		592,095	0	28,829
(16) PATRICIA DEISLER PHYSICIAN	40 00					X		439,100	0	33,737
(17) MANUEL YBANEZ PHYSICIAN	40 00					X		437,783	0	25,815



**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			
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .								4,307,122		226,990

**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 **▶ 64**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
CARDIO SOLUTION LLC PO BOX 639028 CINCINNATI, OH 45263	PHYSICIAN SRVS	1,742,939
HEALTHTECH MANAGEMENT SERVICES INC 5110 MARYLAND WAY STE 200 BRENTWOOD, TN 37027	MANAGEMENT SRVS	1,650,299
EARL ARCHITECTS LLC 301 N MAIN STREET GREENVILLE, SC 29601	ARCHITECT SRVS	1,210,794
BUTLER SNOW PO BOX 6010 RIDGELAND, MS 39158	LEGAL SERVICES	1,181,360
COMPHEALTH INC, PO BOX 972651 DALLAS, TX 75397	LOCUM PHYSICIAN	1,097,845

**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 **▶ 42**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	164,366			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	516,306			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		680,672			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE	624100	89,070,238	89,070,238		
	<b>b</b> HEARING & SPEECH SERVICES	624100	14,581	14,581		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		89,084,819			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		32,248			32,248
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		2,700				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	2,700				
	<b>d</b> Net rental income or (loss) . . . . .		2,700			2,700
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> DIETARY REVENUE	722210	318,378			318,378	
<b>b</b> OTHER REVENUE	900099	143,431			143,431	
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		461,809				
<b>12 Total revenue.</b> See Instructions		96,258,296	89,084,819		196,752	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	31,780,195	26,174,691	5,541,503	64,001
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	682,822	562,383	119,063	1,376
<b>9</b> Other employee benefits.	5,004,298	4,121,622	872,598	10,078
<b>10</b> Payroll taxes.	2,582,261	2,083,048	493,347	5,866
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	1,452,161		1,452,161	
<b>b</b> Legal.	758,344		758,344	
<b>c</b> Accounting.	164,250		164,250	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,249,524	13,994,148	4,253,577	1,799
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	4,562,877	2,717,710	1,845,059	108
<b>14</b> Information technology.	162,201	5,305	156,896	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	564,668	497,027	66,812	829
<b>17</b> Travel.	239,280	50,211	188,965	104
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	163,940	121,268	42,582	90
<b>20</b> Interest.	437,688	408,753	28,619	316
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	2,979,039	2,864,073	114,560	406
<b>23</b> Insurance.	782,836	541,752	241,084	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES & DRUGS	9,664,339	9,664,339		
<b>b</b> REPAIR & MAINTENANCE	1,389,989	1,123,044	266,945	
<b>c</b> OTHER EXPENSES	1,090,823	209,599	880,524	700
<b>d</b> INDIRECT COST ALLOCATION		1,913,519	-1,916,709	3,190
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	82,711,535	67,052,492	15,570,180	88,863
<b>26</b> 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)

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**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,439,098	<b>1</b>	4,509,186
	<b>2</b> Savings and temporary cash investments . . . . .	16,056,222	<b>2</b>	6,697,956
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	11,942,388	<b>4</b>	17,060,141
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,383,849	<b>8</b>	1,583,520
	<b>9</b> Prepaid expenses and deferred charges . . . . .	453,037	<b>9</b>	620,409
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 57,925,854		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 28,725,727	25,391,442	<b>10c</b> 29,200,127
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	2,861,785
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,561,543	<b>15</b>	8,322,722
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	60,227,579	<b>16</b>	70,855,846	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,765,049	<b>17</b>	12,801,991
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,109,619	<b>23</b>	327,363
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	6,166,097	<b>24</b>	8,423,490
	<b>25</b> 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.	4,178,870	<b>25</b>	3,744,345
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	22,219,635	<b>26</b>	25,297,189
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	38,007,944	<b>27</b>	45,558,657
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	38,007,944	<b>33</b>	45,558,657
	<b>34</b> <b>Total liabilities and net assets or fund balances</b> . . . . .	60,227,579	<b>34</b>	70,855,846

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	90,262,248
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	82,711,535
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,550,713
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	38,007,944
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	45,558,657

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?		No
<b>b</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 audit(s)		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** [REDACTED]  
**Name:** SUNNYSIDE COMMUNITY HOSPITAL  
ASSOCIATION

Form 990 (2016)

**Form 990, Part III, Line 4a:**

SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION IS COMPRISED OF A 25-BED CRITICAL ACCESS HOSPITAL AND A SERIES OF EIGHT RURAL HEALTH CLINICS, A FAMILY BIRTH CENTER, COMPLETE SURGICAL SERVICES, LABORATORY, 4-D OBSTETRICAL ULTRASOUND, DIGITAL MAMMOGRAPHY, CARDIOPULMONARY SERVICES, REGISTERED DIETICIAN AND DIABETES EDUCATOR SERVICES THE ASSOCIATION PROVIDED 1,905 HOSPITAL ADMISSIONS, 78,345 OUTPATIENT VISITS, 18,614 EMERGENCY ROOM VISITS, AND 525 BIRTHS DURING THE YEAR THE ASSOCIATION PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AND TO INDIVIDUALS WHO ARE UNABLE TO PAY THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS 1,531,368 FOR CHARITY CARE, 3,733,817 FOR BAD DEBTS, 53,534,981 FOR MEDICARE, 63,780,281 FOR MEDICAID, AND 23,663,942 FOR OTHER THIRD PARTY PAYORS FOR THE YEAR

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SUNNYSIDE COMMUNITY HOSPITAL  
ASSOCIATION

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
<b>2a</b>		
<b>2b</b>		

**3 Parent of Supported Organizations Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- 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.*

<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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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<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047  <b>2016</b>  <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		

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

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

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

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

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

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

Name of the organization SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION	Employer identification number <div></div>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
<b>2</b>	Political expenditures	▶ \$ <div></div>
<b>3</b>	Volunteer hours	<div></div>

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

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

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

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

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

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

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

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

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

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

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

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

**d** Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		90,123
<b>j</b>	Total. Add lines 1c through 1i			90,123
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	THE HOSPITAL DOES NOT DIRECTLY PERFORM ANY LOBBYING ACTIVITIES. THE HOSPITAL PAYS MEMBERSHIP DUES TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS. THE ASSOCIATIONS USE A PORTION OF SUCH DUES TO CARRY OUT LOBBYING ACTIVITIES.

<b>SCHEDULE D</b> (Form 990)	<b>Supplemental Financial Statements</b>  ► 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. <b>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2016</div> <b>Open to Public Inspection</b>
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<b>Name of the organization</b> SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION	<b>Employer identification number</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>
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**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1

**(ii)** Assets included in Form 990, Part X

► \$ \_\_\_\_\_

► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1

**b** Assets included on Form 990, Part X

► \$ \_\_\_\_\_

► \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	447,947	469,739		917,686
b Buildings		23,326,060	12,595,222	10,730,838
c Leasehold improvements				
d Equipment . . . . .		22,568,752	15,156,233	7,412,519
e Other . . . . .		11,113,356	974,272	10,139,084
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				29,000,127

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DEPOSITS FOR HOSPITAL ACQUISITIONS	4,271,921
(2) OTHER RECEIVABLES	1,592,836
(3) ESTIMATED THIRD-PARTY SETTLEMENTS	1,163,537
(4) INVESTMENT IN AFFILIATE	688,610
(5) EHR INCENTIVE RECEIVABLE	355,818
(6) MALPRACTICE INSURANCE REIMBURSEMENT	250,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	8,322,722

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	
CAPITAL LEASE OBLIGATION	3,494,345
MALPRACTICE CLAIMS PAYABLE	250,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	3,744,345

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 Reg. 1.6607-1(c). Check one if the text of the footnote has been provided in Part XIII ☒

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**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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** [REDACTED]  
**Name:** SUNNYSIDE COMMUNITY HOSPITAL  
ASSOCIATION

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX ACCORDINGLY, NO PROVISION FOR INCOME TAX IS NECESSARY THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE AS OF DECEMBER 31, 2016 AND 2015, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL

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<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	OMB No 1545-0047  <h1 style="margin:0;">2016</h1> <p><b>Open to Public Inspection</b></p>
Name of the organization SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION		Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div>

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125 0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1,071,958		1,071,958	1 300 %
<b>b</b> Medicaid (from Worksheet 3, column a)			33,069,931	30,705,237	2,364,694	2 860 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			34,141,889	30,705,237	3,436,652	4 150 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits						
<b>k Total.</b> All Lines 7a and 7j			34,141,889	30,705,237	3,436,652	4 150 %



**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building	1	437	155,664		155,664	0 190 %
<b>7</b> Community health improvement advocacy	7	93,301	137,479		137,479	0 170 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	8	93,738	293,143		293,143	0 350 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	2,613,672	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	15,925,676
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	16,013,934
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-88,258
<b>8</b> 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.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

## Schedule H (Form 990) 2016

**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)  
SUNNYSIDE COMMUNITY HOSPITAL

**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):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.SUNNYSIDEHOSPITAL.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW.SUNNYSIDEHOSPITAL.ORG</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

## SUNNYSIDE COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? . . . . .</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>125 000000000000</u> %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</p> <p><b>g</b> <input type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>13</b> Yes	
<p><b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .</p> <p><b>15</b> Explained the method for applying for financial assistance? . . . . .</p> <p>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)</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>14</b> Yes	
<p><b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p><b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url)</p> <p><b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url)</p> <p><b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)</p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>15</b> Yes	
	<b>16</b> Yes	

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

SUNNYSIDE COMMUNITY HOSPITAL

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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)			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

SUNNYSIDE COMMUNITY HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

**Yes No****23** No**24** No

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

[illegible]

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
<b>1</b> GRANDVIEW MEDICAL CENTER 208 N EUCLID GRANDVIEW, WA 98944	RHC CLINIC
<b>2</b> LINCOLN AVENUE FAMILY MEDICINE 803 E LINCOLN SUNNYSIDE, WA 98944	RHC CLINIC
<b>3</b> VALLEY INTERNAL MEDICINE 1000 E EDISON SUNNYSIDE, WA 98944	RHC CLINIC
<b>4</b> SUNNYSIDE PEDIATRICS 812 MILLER AVENUE SUITE C SUNNYSIDE, WA 98944	RHC CLINIC
<b>5</b> JOHN HUGHES STUDENT HEALTH CENTER 1801 EAST EDISON AVE SUNNYSIDE, WA 98944	RHC CLINIC
<b>6</b> VALLEY REGIONAL RHC V 2705 E LINCOLN AVE SUNNYSIDE, WA 98944	RHC CLINIC
<b>7</b> MEDICAL PLAZA IN PROSSER 355 CHARDONNAY AVE PROSSER, WA 99350	RHC CLINIC
<b>8</b> BIRCH STREET MEDICAL CENTER II 222 E 2ND ST GRANDVIEW, WA 98930	RHC CLINIC
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE HOSPITAL APPLIES THE RATIO OF PATIENT CARE COST-TO-CHARGES FOR AMOUNTS REPORTED IN THE TABLE (TOTAL OPERATING EXPENSES LESS NON-PATIENT CARE ACTIVITIES, TOTAL COMMUNITY BENEFIT AND TOTAL COMMUNITY BUILDING EXPENSES)
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Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	<p>THE COMMUNITY BUILDING ACTIVITIES DETAILED IN PART II PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE HOSPITAL IN THAT THE PHARMACEUTICALS AND TRANSPORTATION FOR PATIENTS IN NEED PROGRAM ASSISTS DISCHARGED PATIENTS THAT ARE NOT ABLE TO PURCHASE MEDICATION PRESCRIBED TO THEM AND TO PROVIDE TRANSPORTATION TO PATIENTS THAT MAY NOT HAVE A WAY OF GETTING HOME AFTER BEING DISCHARGED THIS PROGRAM WORKS TO PREVENT PATIENTS FROM HAVING RELAPSES AND RETURNING TO THE HOSPITAL AND FROM NOT FOLLOWING DISCHARGE INSTRUCTIONS BECAUSE OF THE INABILITY TO PURCHASE THE NECESSARY MEDICATION TO CONTINUE THEIR RECOVERY AT HOME DIABETES EDUCATION IS ESSENTIAL AS THE LOWER VALLEY HAS A HIGH OCCURRENCE OF THIS CONDITION AND MANY PEOPLE DO NOT HAVE THE NECESSARY INFORMATION OR KNOWLEDGE TO BE ABLE TO SELECT A BALANCED AND NUTRITIOUS MEAL THE DIABETES EDUCATOR AND A REGISTERED DIETICIAN PROVIDE ONE-ON-ONE CONSULTATIONS FOR PATIENTS REFERRED BY A DOCTOR IN ORDER TO EDUCATE THEM ON THE IMPORTANCE OF A BALANCED AND NUTRITIOUS DIET THE CONSULTS ARE PRIMARILY FOR DIABETIC PATIENTS BUT MANY ARE ALSO FOR WEIGHT MANAGEMENT ISSUES, CARDIAC, AND HIGH BLOOD PRESSURE A LARGE AMOUNT OF THE WEIGHT MANAGEMENT CONSULTATIONS ARE FOR PEDIATRIC WEIGHT MANAGEMENT, BUT IT REQUIRES PARTICIPATION FROM THE ENTIRE FAMILY INTERPRETERS ARE USED OFTEN FOR SPANISH SPEAKING PATIENTS MANY PEDIATRIC PATIENTS ARE ENGLISH SPEAKING, BUT THE PARENTS ARE SPANISH SPEAKING ONLY THERE WERE ALSO A FEW PRESENTATIONS DONE IN THE COMMUNITY AND PARTICIPATION AT A LOCAL HEALTH FAIR PROVIDING NUTRITION EDUCATION DUE TO THE HIGH NUMBER OF PEOPLE IN THE COMMUNITY THAT ARE UNDIAGNOSED DIABETICS OR PREDIABETIC, THE HOSPITAL STARTED TO PROVIDE FREE DIABETES SCREENING AT VARIOUS LOCATIONS IN THE COMMUNITY THIS PROGRAM IS TO MAKE PEOPLE AWARE OF THEIR CONDITION AND HAVE THEM OBTAIN MEDICAL ATTENTION THE HOSPITAL PUT ON A HEALTH FAIR TO PROMOTE BLOOD PRESSURE AND BLOOD SUGAR MAINTENANCE WE PROVIDED BLOOD PRESSURE AND BLOOD SUGAR SCREENINGS ALONG WITH HANDOUTS, RECOMMENDATIONS AND RISKS ASSOCIATED IF NOT PROPERLY MAINTAINING EITHER OF THOSE PHYSICIANS PRESENTED HEALTH TOPICS THAT WERE DETERMINED TO BE HELPFUL AND INFORMATIVE FOR THE COMMUNITY THERE WAS ONE PRESENTATION IN 2016 TO PROMOTE CERVICAL CANCER AWARENESS WITHIN THE COMMUNITY TO MAKE PEOPLE AWARE OF THE IMPORTANCE TO KNOW THE FACTS IN ORDER TO PREVENT, RECOGNIZE AND TREAT WOMEN HEALTH PROBLEMS SO THEY CAN BECOME AN ADVOCATE FOR THEIR HEALTH OR THE HEALTH OF A LOVED ONE CHILD BIRTH CLASSES WERE PUT ON BY THE HOSPITAL TO EDUCATE THE PREGNANT PATIENT AND HER SIGNIFICANT OTHER ON LABOR AND DELIVERY FOR A BETTER CHILD BIRTH EXPERIENCE THE CLASSES CONSISTED OF SIGNS OF LABOR, DANGER SIGNS OF PREGNANCY, WHAT TO EXPECT DURING LABOR, PAIN CONTROL/RELIEF IN LABOR, IMMEDIATE POST PARTUM CARE AND BREASTFEEDING WE TRY TO OFFER SERVICES THAT CAN GREATLY BENEFIT OUR PATIENTS, ESPECIALLY SINCE THE INCOME LEVEL IN THIS VALLEY IS VERY LOW, AND IF THIS TYPE OF SERVICE WERE OFFERED WITH A FEE, MANY PEOPLE WOULD NOT TAKE ADVANTAGE OF IT THE CLASSES ARE GIVEN BY AN RN AND ARE OFFERED ONCE A MONTH UNLESS ENROLLMENT IS LOW, THEN WE WILL MERGE TWO MONTHS TOGETHER THE HOSPITAL PROVIDES A CHAPLAIN SERVICE, WHICH IS DEDICATED TO SERVING THE NEEDS OF THE PATIENTS, FAMILIES, AND STAFF THE CHAPLAIN IS COMMITTED TO OFFERING COMPASSIONATE SPIRITUAL CARE AND EMOTIONAL SUPPORT AS A RESOURCE FOR HEALING THE HOSPITAL PROVIDED SPORTS PHYSICALS AT A 10 FLAT RATE TO THE COMMUNITY THE HOSPITAL SENT NEWSLETTERS TO THE COMMUNITY CONTAINING HEALTH TIPS, ARTICLES, AND MEDICAL EXPERTISE THE HOSPITAL ALSO PROVIDED FREE BLOOD PRESSURE SCREENING, HEALTH AND SAFETY TALKS AND/OR BENEFITS REVIEW WORKSHOPS AT VARIOUS LOCATIONS THROUGHOUT THE VALLEY</p>

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	THE HOSPITAL USED THE COST TO CHARGE RATIO OF PATIENT CARE TO DETERMINE THE COST OF BAD DEBT EXPENSE
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Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	<p>THE HOSPITAL DID NOT TRACK THE AMOUNT OF BAD DEBT EXPENSE THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY BUT FOR WHOM SUFFICIENT INFORMATION WAS NOT OBTAINED TO MAKE DETERMINATION OF THEIR ELIGIBILITY DURING THE YEAR. THE HOSPITAL ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS IN DETERMINING BAD DEBTS AS FOLLOWS: PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, DISCOUNTED CHARGES, AND PER DIEM PAYMENTS. NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD PARTY PAYORS.</p>
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Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	THE PATIENT ACCOUNTS RECEIVABLE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS IS FOUND IN FOOTNOTE 3 ON PAGES 11 - 12 OF THE AUDITED FINANCIAL STATEMENTS THE PROVISION FOR BAD DEBTS IS INCLUDED IN THE FIRST PARAGRAPH OF FOOTNOTE 8 ON PAGE 18 OF THE AUDITED FINANCIAL STATEMENTS
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Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION 19-01189-FLK11	ANY MEDICARE ALLOWABLE COSTS OF PATIENT CARE SHORTFALLS ARE NOT COUNTED AS COMMUNITY BENEFIT THESE ALLOWABLE COSTS ARE OBTAINED FROM THE MEDICARE COST REPORT FOR THE YEAR Doc 234-2 Filed 06/10/19 Entered 06/10/19 10:26:45 Pg 46 of 71

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	ADMITTING AND TWO SELF PAY COUNSELORS VISIT WITH PATIENTS BEFORE THEY ARE DISCHARGED TO DETERMINE IF THE PATIENT QUALIFIES FOR CHARITY CARE BASED ON THE THEIR FINANCIAL POSITION AND THE FEDERAL POVERTY GUIDELINES THE APPLICATIONS ARE REVIEWED AND EVALUATED FOR CHARITY CARE STATUS AND WRITTEN OFF WHEN APPROPRIATE
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Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY AND COMMUNITY HEALTH NEEDS ASSESMENT CAN BE FOUND AT THE FOLLOWING URL <a href="https://www.sunnysidehospital.org/about-us/community-health-needs-assessment/">HTTPS //WWW SUNNYSIDEHOSPITAL ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS- ASSESMENT/</a> ADDITIONALLY,THE HOSPITAL BOARD, THROUGH ASSOCIATION WITH HEALTHTECH, ANNUALLY REVIEWS COMMUNITY DEMOGRAPHICS, PATIENT ORIGINS, CURRENT SERVICES AND FUTURE NEEDS FROM THIS REVIEW, THE BOARD CONTINUALLY ASSESSES THE COMMUNITY NEEDS</p>
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Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE  19-01189-FLK11	THE PUBLIC WILL BE NOTIFIED BY THE POSTING OF SIGNS, IN ENGLISH AND IN SPANISH, IN ALL REGISTRATION AND WAITING AREAS, AND THE BUSINESS OFFICE THE SIGN STATES "SUNNYSIDE COMMUNITY HOSPITAL PROVIDES CHARITY CARE TO PERSONS MEETING MEDICAL INDIGENT CRITERIA CHARGES MAY BE WAIVED OR REDUCED IF ELIGIBILITY FOR CHARITY CARE IS DETERMINED "  Doc 234-2 Filed 06/10/19 Entered 06/10/19 10:26:45 Pg 49 of 71

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	SUNNYSIDE, GRANDVIEW AND THE REST OF THE LOWER YAKIMA VALLEY IS A CULTURALLY DIVERSE REGION OF NEARLY 120,000 PEOPLE LIVING BETWEEN THE CITY OF YAKIMA ON THE WEST AND TRI-CITIES, WASHINGTON ON THE EAST

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Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>THE HOSPITAL'S CHARITY CARE PROGRAM PROVIDES DISCOUNTED AND FREE SERVICES TO PATIENTS WHO LACK THE FINANCIAL RESOURCES TO BE FULLY RESPONSIBLE FOR THE HEALTHCARE THEY RECEIVE. THE CHARITY CARE PROGRAM IS DESIGNED TO ENSURE THAT THE YAKIMA VALLEY IN ITS ENTIRETY HAS ACCESS TO NECESSARY HEALTHCARE SERVICES. THE HOSPITAL ACCEPTS ALL PATIENTS IN NEED OF MEDICAL ASSISTANCE, REGARDLESS OF ABILITY TO PAY. IN ADDITION TO THE CHARITY CARE PROGRAM, THE HOSPITAL PROVIDES OR PARTICIPATES IN SEVERAL OTHER PROGRAMS WHICH CONTRIBUTE TO ITS CHARITABLE MISSION. THE HOSPITAL PROVIDES COMMUNITY OUTREACH PROGRAMS INCLUDING ASSISTANCE WITH THE PURCHASE OF PRESCRIBED MEDICATIONS, TRANSPORTATION HOME FOR PATIENTS DISCHARGED FROM THE HOSPITAL, CARDIOPULMONARY EDUCATION WITH AN EMPHASIS ON THE RISK FROM DRUGS AND ALCOHOL, CHILD BIRTH CLASSES, CAR SEAT SAFETY CHECKS, AND A FIRST AIDE BOOTH AT AN ANNUAL COMMUNITY EVENT.</p>
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** [REDACTED]  
**Name:** SUNNYSIDE COMMUNITY HOSPITAL  
ASSOCIATION

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	SUNNYSIDE COMMUNITY HOSPITAL PO BOX 719 SUNNYSIDE, WA 98944	X	X			X		X			

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

Form and Line Reference	Explanation
FACILITY 1, SUNNYSIDE COMMUNITY HOSPITAL - PART V, LINE 5	IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY UTILIZING A CHNA STEERING COMMITTEE THE COMMITTEE IS A GROUP COMPOSED OF COMMUNITY STAKEHOLDERS REPRESENTING BOTH HOSPITAL AND COMMUNITY INTERESTS AS WELL AS HEALTH NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS IN THE CHNA PROCESS THE GROUP INCLUDES INDIVIDUALS WITH BACKGROUNDS IN PUBLIC HEALTH, SCHOOL DISTRICTS, GOVERNMENT, THE NON-PROFIT SECTOR, BUSINESS, CHURCHES, HOSPITAL ADMINISTRATION MEMBERS, AND LONG-STANDING MEMBERS OF THE COMMUNITY THE COMMITTEE ACTIVELY PARTICIPATED IN THE PROCESS, WEIGHING IN ON THE DATA FINDINGS AND PROVIDING INSIGHT ON THE NEEDS OF THE COMMUNITY THROUGH SURVEYS, MEETINGS, AND FOCUS GROUPS IN ORDER TO MAINTAIN COMPLETE OBJECTIVITY THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PROCESS, THE HOSPITAL CONTRACTED WITH HEALTHTECHS3 TO GUIDE THE ASSESSMENT PROCESS, ADMINISTER THE SURVEY, AND COMPILE THE RESULTS HEALTHTECH ALSO INTEGRATED SOURCES OF PRIMARY AND SECONDARY DATA IN THE FINAL RESULTS

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

Form and Line Reference	Explanation
FACILITY 1, SUNNYSIDE COMMUNITY HOSPITAL - PART V, LINE 11	THERE WERE FOUR CATEGORIES OF HEALTH CARE NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH INCLUDE CLINICAL CARE, CHRONIC DISEASE, DIET & EXERCISE, AND HEALTH BEHAVIORS THE CHNA STEERING COMMITTEE WAS UTILIZED TO PRIORITIZE THESE NEEDS IDENTIFIED BY THE ASSESSMENT THE TOP FIVE COMMUNITY HEALTH NEEDS INCLUDE IMPROVING ACCESS TO PRIMARY CARE INCLUDING PRENATAL CARE, IMPROVING ACCESS OF RESIDENTS TO SPECIALTY PHYSICIANS AND TO CHRONIC DISEASE MANAGEMENT, REDUCING OBESITY, INCREASING ACCESS TO MENTAL HEALTH SERVICES AND TREATMENT, AND INCREASING ACCESS TO SUBSTANCE ABUSE SERVICES AND TREATMENT THE HOSPITAL HAS AN IMPLEMENTATION STRATEGY AND ASSOCIATED COMMUNITY BENEFIT PLAN WITH OBJECTIVES TO ADDRESS THESE PRIORITIES THE HOSPITAL PLANS TO RECRUIT TWO ADDITIONAL PROVIDERS WHO PROVIDE PRENATAL CARE IN 2017 THE HOSPITAL WILL ALSO CREATE AND DISTRIBUTE A PARENTING RESOURCE GUIDE AND FLYERS WITH INFORMATION ON PRENATAL CARE STARTING IN 2017 A CENTERING PREGNANCY PROGRAM WILL START IN 2018 THE HOSPITAL WILL ALSO BEGIN TRACKING THE PERCENT OF PREGNANT WOMEN SEEN BY A PROVIDER DURING THE FIRST TRIMESTER AND WILL REPORT THIS TO THE PROVIDERS STARTING IN 2017 THE HOSPITAL PLANS TO RECRUIT AN ADDITIONAL CARDIOLOGIST AND AN INTERNAL MEDICINE PHYSICIAN AND/OR A PULMONOLOGIST IN 2017 THE HOSPITAL WILL ALSO BEGIN PROVIDING MORE DIABETES EDUCATION CLASSES IN MORE SETTINGS STARTING IN 2017, WITH A GOAL OF HAVING 70 CLASSES PER YEAR THE HOSPITAL ALSO PLANS TO INCREASE PATIENT ENROLLMENT IN THE CHRONIC CARE MANAGEMENT PROGRAM BY EDUCATING PROVIDERS AND PATIENTS ABOUT THE PROGRAM AND HIRING ADDITIONAL CARE COORDINATORS, IF NECESSARY THE HOSPITAL PLANS TO PROVIDE COMMUNITY EDUCATION CLASSES ON NUTRITION AND FITNESS AND TO INCREASE REFERRALS TO A REGISTERED DIETICIAN FOR WEIGHT MANAGEMENT COUNSELING STARTING IN 2017 THE HOSPITAL PLANS TO INCREASE THE NUMBER OF MEDICARE PATIENTS SCREENED FOR DEPRESSION STARTING IN 2017 BY EDUCATING THE PROVIDERS ON THE SCREENING TOOLS THE HOSPITAL WILL ALSO START BEHAVIORAL HEALTH SERVICES BY HIRING ONE PSYCHIATRIST AND ONE MID-LEVEL IN 2017 FOR OUTPATIENT SERVICES BY 2019, THE HOSPITAL WILL DEVELOP A TEN-BED INPATIENT BEHAVIORAL HEALTH UNIT THE HOSPITAL IS STILL IN THE PROCESS OF DEVELOPING A PLAN TO IMPROVE ACCESS TO SUBSTANCE ABUSE SERVICES AND PLANS TO HAVE A PROGRAM IMPLEMENTED BY 2018

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION	Employer identification number <div></div>
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Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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				
1 ANA GARCIA	(i)	231,340	63,785		10,600	25,815	331,540	
	(ii)							
2 DAVID SHOEMAKER TRUSTEE	(i)	398,421	91,040		7,679	25,815	522,955	
	(ii)							
3 BRIAN GIBBONS	(i)	222,803	100			25,815	248,718	
	(ii)							
4 VALENTIN ANTOCI PHYSICIAN	(i)	787,650	594,313		10,600	11,340	1,403,903	
	(ii)							
5 TATIANA ANTOCI PHYSICIAN	(i)	240,011	208,681		9,605	11,340	469,637	
	(ii)							
6 ROBERT COLEMAN PHYSICIAN	(i)	358,198	233,897		10,600	18,229	620,924	
	(ii)							
7 PATRICIA DEISLER PHYSICIAN	(i)	429,000	10,100		7,922	25,815	472,837	
	(ii)							
8 MANUEL YBANEZ PHYSICIAN	(i)	388,243	49,540			25,815	463,598	
	(ii)							



**Part III**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART III	THE CEO AND CFO WERE HIRED AND PAID THROUGH HEALTHTECH MANAGEMENT SERVICES. THE SALARIES ARE ESTABLISHED AT THE TIME OF HIRE, AND PERIODICALLY THEREAFTER. IN ADDITION TO BASE SALARY, THE CEO AND CFO MAY BE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON PERFORMANCE PARAMETERS OUTLINED IN THE HOSPITAL'S CONTRACT WITH HEALTHTECH MANAGEMENT SERVICES AND APPROVED BY THE HOSPITAL BOARD. THE MOST RECENT YEAR IN WHICH THIS PROCESS OCCURRED WAS 2016.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUNNYSIDE COMMUNITY HOSPITAL  
ASSOCIATION

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	3,733,817 FOR BAD DEBTS, 53,153,498 FOR MEDICARE, 63,780,281 FOR MEDICAID, AND 23,668,942 FOR OTHER THIRD PARTY PAYORS FOR THE YEAR

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# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	<p>THE HOSPITAL CONTRACTS WITH HEALTHTECH MANAGEMENT SERVICES, INC (HTMS) FOR MANAGEMENT SERVICES AND UTILIZES EMPLOYEES OF HTMS AS ITS CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER HTMS PROVIDES EDUCATION TO BOARD MEMBERS, HOSPITAL MANAGERS AND OTHER EMPLOYEES THEY OFFER FINANCIAL PERFORMANCE EVALUATION, AND EDUCATIONAL AND NETWORKING OPPORTUNITIES FOR NURSING AND OTHER PROFESSIONAL STAFF THEY ALSO OFFER PLANNING AND GROUP PURCHASING OFFERING (GPO)</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE 990 IS PROVIDED TO THE CEO AND CFO WHO REVIEW THE FORM, SCHEDULES AND RELATED ATTACHMENTS ANY COMMENTS OR QUESTIONS ARE ADDRESSED WITH THE PREPARER PRIOR TO APPROVAL OF THE 990 A DRAFT IS ALSO DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW ONCE MANAGEMENT IS SATISFIED WITH THE 990, THE CEO AUTHORIZES THE PREPARER TO FINALIZE THE RETURN

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>EACH MEMBER OF THE BOARD FILLS OUT A CONFLICT OF INTEREST FORM DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS OR THROUGH SELF DISCLOSURE IN THE INTERIM IF A POTENTIAL CONFLICT ARISES, THE AFFECTED PERSON SHALL FULLY DISCLOSE THE NATURE OF THE INTEREST AND WITHDRAW FROM DISCUSSION AND VOTING ON THE MATTER ANY TRANSACTION OR VOTE INVOLVING A POTENTIAL CONFLICT OF INTEREST SHALL BE APPROVED ONLY WHEN A MAJORITY OF DISINTERESTED DIRECTORS DETERMINE THAT IT IS IN THE BEST INTEREST OF THE HOSPITAL TO DO SO THE HOSPITAL HAS A COMPLIANCE AND MONITORING POLICY THAT IS ENFORCED BY THE CEO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE CEO AND CFO ARE BOTH HIRED AND PAID THROUGH HEALTHTECH MANAGEMENT SOLUTIONS THE SALARIES ARE ESTABLISHED AT THE TIME OF HIRE, AND PERIODICALLY THEREAFTER, TAKING THE FOLLOWING FACTORS INTO ACCOUNT A) QUALIFICATIONS OF THE CANDIDATE, INCLUDING NUMBER OF YEARS OF DIRECTLY- RELATED EXPERIENCE B) PREVAILING CEO AND CFO COMPENSATION RATES, AS EVIDENCED BY SALARY SURVEY DATA FOR HOSPITALS OF SIMILAR SIZE AND WITHIN THE RELEVANT GEOGRAPHIC AREA, AND C) THE HOSPITAL'S ABILITY AND WILLINGNESS TO PAY, AS AGREED BY THE HOSPITAL BOARD OR A SUBCOMMITTEE THEREOF</p> <p>19-01189-FLK11 Doc 234-2 Filed 06/10/19 Entered 06/10/19 10:26:45 Pg 62 of 71</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	A SALARY SURVEY IS REVIEWED FOR KEY EMPLOYEES BY THE CEO AND HR DIRECTOR THE CEO MAKES RE COMMENDATIONS TO THE BOARD WHO THEN MAKE THE FINAL DECISION ON EMPLOYMENT CONTRACTS WITH P HYSICIANS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	SUNNYSIDE COMMUNITY HOSPITAL AND SUNNYSIDE COMMUNITY HOSPITAL FOUNDATION SHARE TOP MANAGEM ENT OFFICIALS THE CEO AND CFO EACH DEVOTE APPROXIMATELY 39 HOURS PER WEEK TO THE HOSPITAL AND 1 HOUR PER WEEK TO THE FOUNDATION

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# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PURCHASED SERVICES 13,994,148 4,253,577 1,799  19-01189-FLK11 Doc 234-2 Filed 06/10/19 Entered 06/10/19 10:26:45 Pg 66 of 71

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
  
 ▶ Attach to Form 990.      ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
 SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

<div>Part I</div> <div>Identification of Disregarded Entities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 33.</div>					
(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) SUNNYSIDE PROFESSIONAL SERVICES LLC PO BOX 719 SUNNYSIDE, WA 98944 <div></div>	MOB MGMT	WA	70	635,411	N/A

<div>Part II</div> <div>Identification of Related Tax-Exempt Organizations</div> <div>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.</div>							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SUNNYSIDE COMMUNITY HOSPITAL FOUNDA PO BOX 719  SUNNYSIDE, WA 98944 <div></div>	SUPPORT	WA	501C3	12A	SUNNYSIDE COMMUNITY HOSPITAL		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SUNNYSIDE COMMUNITY HOSPITAL FOUNDA	O	84,571	ACTUAL

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

[illegible]

**Part VII**      **Supplemental Information**

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

<b>Return Reference</b>	19-01189-FLK11	Doc 234-2	Filed 06/10/19	Entered 06/10/19 10:26:45	Pg 71 of 71
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