

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Employer identification number	14-1338386
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" 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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
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"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			231,082.		231,082.	.31%
b Medicaid (from Worksheet 3, column a)			7809779.	3844420.	3965359.	5.36%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			8040861.	3844420.	4196441.	5.67%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	4,074	260,544.	61,687.	198,857.	.27%
f Health professions education (from Worksheet 5)	1	17	10,861.		10,861.	.01%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other benefits	7	4,091	271,405.	61,687.	209,718.	.28%
k Total. Add lines 7d and 7j	7	4,091	8312266.	3906107.	4406159.	5.95%

**SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER**

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

**SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER**

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

**SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER**

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2024

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990) 2024

14-1338386 Page 8

Part V Facility Information (continued)

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

SUNNYVIEW HOSPITAL AND REHAB CENTER:
PART V, SECTION B, LINE 3J: N/A

LINE 3E: SUNNYVIEW REHABILITATION HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. SOCIAL DETERMINANTS OF HEALTH
2. DIABETES
3. OBESITY
4. ALCOHOL AND DRUG USE
5. MENTAL ILLNESS INCLUDING SUICIDE
6. IMMUNIZATION AND RELATED DISEASE INCLUDING COVID-19
7. POOR BIRTH OUTCOMES
8. TOBACCO USE
9. CARDIAC CONDITIONS INCLUDING STROKE, HYPERTENSION AND HEART DISEASE
10. ASTHMA
11. SEXUALLY TRANSMITTED INFECTIONS
12. CANCER
13. CHILDHOOD LEAD EXPOSURE
14. INJURIES AND FALLS
15. TICK-BORN DISEASE

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 5: SUNNYVIEW REHABILITATION HOSPITAL CONDUCTED AN UPDATE TO THE 2022 CHNA IN FY25 (JULY 1, 2024-JUNE 30, 2025) IN THE FALL OF 2024. FOR THE PURPOSES OF ITS CHNA, SUNNYVIEW REHABILITATION HOSPITAL USED DATA AND INFORMATION FROM THIS ASSESSMENT RELATING TO SCHENECTADY COUNTY, WHICH REPRESENTS THE HOME ZIP CODE OF 51% OF ITS PATIENTS. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN APRIL 2025.

DATA SOURCES AND METHODOLOGY:

THE FY25 CHNA UPDATE WAS CONDUCTED BY ST. PETER'S HEALTH PARTNERS COLLEAGUES FROM THE COMMUNITY HEALTH & WELL-BEING DEPARTMENT AND INCLUDES INFORMATION COLLECTED FROM QUALITATIVE AND QUANTITATIVE DATA SOURCES. WHEREVER POSSIBLE, COMMUNITY HEALTH INDICATOR DATA WAS COLLECTED TO ALLOW COMPARISONS BETWEEN SCHENECTADY COUNTY, THE STATE OF NEW YORK, AND NATIONAL RATES. THE HEALTH INDICATORS SELECTED FOR THIS REPORT WERE BASED ON A REVIEW OF AVAILABLE PUBLIC HEALTH DATA AND NEW YORK STATE PRIORITIES PROMULGATED THROUGH THE PREVENTION AGENDA FOR A HEALTHIER NEW YORK. THE COLLECTION AND MANAGEMENT OF THIS DATA HAVE BEEN SUPPORTED BY THE STATE FOR AN EXTENDED PERIOD AND IS HIGHLY LIKELY TO CONTINUE TO BE SUPPORTED. THIS PROVIDES RELIABLE AND COMPARABLE DATA OVER TIME AND ACROSS THE STATE. THESE MEASURES, WHEN COMPLEMENTED BY THE EXPANDED BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND PREVENTION QUALITY INDICATORS, AND TRINITY HEALTH DATA HUB, PROVIDE HEALTH INDICATORS THAT CAN BE POTENTIALLY IMPACTED IN THE SHORT-TERM.

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990) 2024

14-1338386 Page 8

Part V Facility Information (continued)

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

QUANTITATIVE DATA:

QUANTITATIVE, OR SECONDARY, DATA SOURCES INCLUDED PUBLISHED DATA ON DEMOGRAPHICS, KEY HEALTH INDICATORS, AND SOCIAL INFLUENCERS OF HEALTH COLLECTED FROM A VARIETY OF RESOURCES. THE PRIMARY SOURCE OF QUANTITATIVE DATA WAS THE TRINITY HEALTH DATA HUB ACCESSED THROUGHOUT THE CHNA DEVELOPMENT PERIOD FROM MAY TO OCTOBER 2024 AT WWW.TRINITYHEALTHDATAHUB.ORG.

ADDITIONAL COMMUNITY INPUT WAS GAINED THROUGH PRIORITIZATION SURVEYS WITH THE SCHENECTADY COUNTY EXTERNAL WORKGROUP, IN THE FALL OF 2024, THROUGHOUT THE MONTHS OF SEPTEMBER AND OCTOBER, THE WORKGROUP WAS COMPRISED OF COMMUNITY EXPERTS AND COMMUNITY SERVICE AGENCIES INCLUDING: SCHENECTADY DEPARTMENT OF HEALTH, ELLIS MEDICINE, ST. PETER'S HEALTH PARTNERS, SUNNYVIEW REHABILITATION HOSPITAL, HEALTHY CAPITAL DISTRICT, INTERFAITH PARTNERSHIP FOR THE HOMELESS, CATHOLIC CHARITIES, AND THE BOYS AND GIRLS CLUB OF THE CAPITAL AREA.

VIRTUALLY ALL THESE ORGANIZATIONS SERVE LOW-INCOME RESIDENTS, THE HOMELESS AND OTHER VULNERABLE POPULATIONS AND WERE ENCOURAGED TO SHARE DATA AND OBSERVATIONS OF THEIR OWN AND TO ADVOCATE FOR THE NEEDS OF THEIR CONSTITUENTS. ST. PETER'S HEALTH PARTNERS STRATEGICALLY INVITED PARTNERS WITH ACCESS TO MEDICALLY UNDERSERVED POPULATIONS TO COMPLETE THE SURVEYS. APPROXIMATELY FIFTEEN SURVEYS WERE COMPLETED BY THE WORKGROUP AND COMMUNITY PARTNERS. WORKGROUP MEMBERS IDENTIFIED SOCIAL DETERMINANTS OF HEALTH, MENTAL HEALTH, INCLUDING SUICIDE AND DIABETES AS TOP HEALTH CONCERNS.

IN ADDITION, THE ST. PETER'S HEALTH PARTNERS COMMUNITY HEALTH SURVEY COLLECTED TWENTY-FIVE RESPONSES FROM CAPITAL REGION ADULTS FROM SEPTEMBER TO OCTOBER 2024. THE SURVEY AIMED TO IDENTIFY THE MAJOR NEEDS AND PRIORITIES FACING CAPITAL REGION RESIDENTS. SURVEY RESPONDENTS DESCRIBED THE COMMUNITY AS DIVERSE, WITH A MIX OF RURAL, SUBURBAN, AND URBAN NEIGHBORHOODS. OBESITY, DIABETES, SOCIAL DETERMINANTS OF HEALTH, MENTAL HEALTH AND SUBSTANCE USE WERE IDENTIFIED AS THE TOP "VERY SERIOUS" PUBLIC HEALTH ISSUES. MENTAL HEALTH SERVICES WERE THE MOST DESIRED BY RESPONDENTS, FOLLOWED BY DRUG AND ALCOHOL SERVICES AND DENTAL CARE. ACCESS TO HEALTHY FOODS, AND SAFE AFFORDABLE HOUSING WERE THE MOST DIFFICULT TO ACCESS IN ONE'S COMMUNITY, ACCORDING TO RESPONDENTS, FOLLOWED BY ACCESS TO PUBLIC TRANSPORTATION FOR NEEDED SERVICES.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 6A: SUNNYVIEW REHABILITATION HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES: ALBANY MEDICAL CENTER, ELLIS HOSPITAL, SAMARITAN HOSPITAL, AND ST. PETER'S HOSPITAL.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SUNNYVIEW REHABILITATION HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES AND MENTAL AND SUBSTANCE USE DISORDERS, INCLUDING: SCHENECTADY COUNTY HEALTH DEPARTMENT, HEALTHY CAPITAL DISTRICT, INTERFAITH PARTNERSHIP FOR THE HOMELESS, CATHOLIC

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990) 2024

14-1338386 Page 8

Part V Facility Information (continued)

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

CHARITIES AND THE BOYS AND GIRLS CLUB OF THE CAPITAL AREA.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 11: SUNNYVIEW REHABILITATION HOSPITAL HAS A SPECIALIZED FOCUS ON REHABILITATION AND HAS LIMITED RESOURCES TO DEVOTE OUTSIDE OF ITS PRIMARY FUNCTION FOR THE CAPITAL REGION. SUNNYVIEW REHABILITATION HOSPITAL CHOSE TO OFFER ITS EXPERTISE TO THE COMMUNITY WITHIN ITS CAPABILITIES. FOR THE CURRENT CHNA, THE STAFF AT SUNNYVIEW REHABILITATION HOSPITAL CONCENTRATED THEIR EFFORTS ON THE FOLLOWING PREVENTION AGENDA PRIORITY AREAS: PREVENT CHRONIC DISEASE, TOBACCO PREVENTION, PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE. DURING FY25, THE FOLLOWING NEEDS FROM THE CHNA WERE ADDRESSED.

DIABETES AND OBESITY:

ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM ST. PETER'S HEALTH PARTNERS (SPHP) DIABETES AND ENDOCRINE CARE PROVIDED EDUCATION AND WE MAINTAINED A ROBUST DIABETES PREVENTION PROGRAM (DPP). IN FY25, 3,016 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY25, SPHP FACILITATED 18 DPP COHORTS, WITH A TOTAL OF 240 PARTICIPANTS ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM IS FUNDED THROUGH GRANTS AND MEDICARE PAYOR COVERAGE.

TO ADDRESS CHILDHOOD OBESITY IN FY25, SUNNYVIEW HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY25, 1,080 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 76% MAINTAINED OR DECREASED THEIR BMI AND 80% IMPROVED AT LEAST TWO LEVELS ON THEIR AEROBIC CAPACITY TEST (PHYSICAL ACTIVITY).

SOCIAL DETERMINANTS OF HEALTH, SPECIFICALLY FOOD SECURITY:

SUNNYVIEW STAFF CONDUCTED REGULAR WELLNESS AND SOCIAL NEEDS ASSESSMENTS FOR PATIENTS. THOSE PATIENTS NEEDING ASSISTANCE WERE PROVIDED REFERRALS TO INTERNAL AND COMMUNITY ASSISTANCE PROGRAMS. REFERRALS ARE AVAILABLE TO PROVIDE ASSISTANCE WITH FOOD, TRANSPORTATION, HOUSING, ACCESS TO CARE, CHILDCARE, ETC.

SPHP AND SUNNYVIEW HOSPITAL (FUNDED BY A GRANT THROUGH THE MOTHER CABRINI FOUNDATION) PARTNERED WITH THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, ST. PETER'S HEALTH PARTNERS COMMUNITY HEALTH AND WELL-BEING DEPARTMENTS AND ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES TO PROVIDE A FOOD AS MEDICINE PROGRAM TO PATIENTS WHO HAVE A DIAGNOSIS OF TYPE 2 DIABETES, GESTATIONAL DIABETES, OR PEDIATRIC OBESITY OR FAILURE TO THRIVE AND HAVE A FOOD INSECURITY. THE FREE PROGRAM PROVIDED PARTICIPANTS WITH NUTRITION EDUCATION, HEALTHY FRESH AND FROZEN FOODS, COOKING SUPPLIES AND RECIPES FOR 12 WEEKS. GOALS WERE TEACHING PARTICIPANTS TO MAKE HEALTHY

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990) 2024

14-1338386 Page 8

Part V Facility Information (continued)

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

CHOICES, EDUCATING THEM ON THE BENEFITS OF EATING NUTRITIOUS FOOD AND PROVIDING THEM WITH THE TOOLS TO HELP MANAGE THEIR CHRONIC CONDITIONS THROUGH HEALTHY EATING. DURING FY25, 311 PATIENTS AND 758 FAMILY MEMBERS WERE SERVED. PATIENTS LOST AN AVERAGE OF 10.3 POUNDS AND LOWERED THEIR A1C LEVELS BY 2.8%.

A THREE-DAY SUPPLY OF SHELF STABLE FOOD WAS PROVIDED TO ANY PATIENT THAT EXPRESSED AN IMMEDIATE FOOD INSECURITY NEED THROUGH OUR EMERGENCY FOOD BAG PROGRAM. THESE BAGS WERE AVAILABLE TO PATIENTS THROUGHOUT ALL OUR SERVICE LINES AND SEVERAL COMMUNITY AGENCIES. LOCATIONS FOR DISTRIBUTION INCLUDED EMERGENCY DEPARTMENTS, PRIMARY CARE OFFICES, SPECIALTY PRACTICES (OB/GYN, PEDIATRIC, WOUND CARE, ENDOCRINOLOGY), SPARC INPATIENT AND OUTPATIENT PROGRAMS, BEHAVIORAL HEALTH, EDDY VISITING NURSES, COLLEAGUE CARE TEAM, CONTINUING CARE. SOCIAL NEEDS SCREENINGS ARE COMPLETED AND CONNECTIONS TO NEEDED COMMUNITY AGENCIES ARE MADE TO ENSURE A CLOSED-LOOP PROCESS. IN FY25, WE DISTRIBUTED 920 EMERGENCY FOOD BAGS.

SUNNYVIEW REHABILITATION HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THUS, THE FOLLOWING NEEDS WERE NOT DIRECTLY ADDRESSED IN FY25: ALCOHOL AND DRUG USE, MENTAL ILLNESS INCLUDING SUICIDE, IMMUNIZATION AND RELATED DISEASE INCLUDING COVID-19, POOR BIRTH OUTCOMES, TOBACCO USE, CARDIAC CONDITIONS INCLUDING STROKE, HYPERTENSION AND HEART DISEASE, ASTHMA, SEXUALLY TRANSMITTED INFECTIONS, CANCER, CHILDHOOD LEAD EXPOSURE, INJURIES AND FALLS, AND TICK-BORN DISEASE.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 7A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Part V Facility Information *(continued)*

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

FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 10A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16A:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16B:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16C:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

Multiple horizontal lines for additional facility information.

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 FAP.
- 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 (for example, 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.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

SUNNYVIEW REHABILITATION HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, SUNNYVIEW REHABILITATION HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

SUNNYVIEW REHABILITATION HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$321,525, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DEMONINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990)

14-1338386 Page 10

Part VI Supplemental Information (Continuation)

ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE
TRANSACTIONS.

PART III, LINE 4:

SUNNYVIEW REHABILITATION HOSPITAL IS INCLUDED IN THE CONSOLIDATED
FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE
PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO
THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN
UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS
TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED
ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT
TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR
RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS
UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF
THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED
UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS
THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS
RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR
PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM
ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT
AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE
INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND
PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN
ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND
ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED
RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER
STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY
THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE
BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES
SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE
REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF
THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE,
THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED
COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY
IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO
SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H,
PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE
OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON
MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH
EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE
CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE
DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES
FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON
COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

Schedule H (Form 990)

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990)

14-1338386 Page 10

Part VI Supplemental Information (Continuation)

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - SUNNYVIEW REHABILITATION HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SUNNYVIEW REHABILITATION HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

SUNNYVIEW REHABILITATION HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - SUNNYVIEW REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF SCHENECTADY, WHICH IS CENTRALLY LOCATED IN SCHENECTADY COUNTY. THE COUNTY IS LOCATED IMMEDIATELY WEST OF THE STATE CAPITAL OF ALBANY. SCHENECTADY COUNTY REPRESENTS THE HOME ZIP CODES FOR 51% OF THE PATIENTS AT SUNNYVIEW. SCHENECTADY COUNTY'S MEDIAN HOUSEHOLD INCOME IN 2023 DOLLARS IS \$76,989 PER YEAR AND THE PERCENTAGE OF PEOPLE LIVING IN POVERTY IS 14%. THE POPULATION OF SCHENECTADY COUNTY WAS 74.7% WHITE, 14% BLACK OR AFRICAN

Schedule H (Form 990)

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990)

14-1338386 Page 10

Part VI Supplemental Information (Continuation)

AMERICAN, 8.3% HISPANIC OR LATINO AND 6.0% ASIAN IN 2020.

THERE ARE 3 FEDERALLY QUALIFIED HEALTH CENTERS IN SCHENECTADY COUNTY WHICH RESULTS IN A RATE OF 1.90 FEDERALLY QUALIFIED HEALTH CENTERS PER 100,000 POPULATION. THIS RATE IS BELOW THE NEW YORK STATE AND NATIONAL AVERAGES.

RESIDENTS OF SCHENECTADY ARE LESS AFFLUENT AND LESS HEALTHY THAN RESIDENTS OF THE SURROUNDING TOWNS, WHILE RESIDENTS OF THE COUNTY ARE LESS AFFLUENT THAN THE STATE, BUT THE COUNTY'S POVERTY RATE IS BELOW THAT OF THE STATE. IN SCHENECTADY COUNTY, 25.03% OR 38,915 INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL, ACCORDING TO THE US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2018-2022.

OVERALL, SCHENECTADY COUNTY RESIDENTS ARE MORE LIKELY THAN THE AVERAGE NEW YORK STATE RESIDENT TO HAVE HEALTH INSURANCE AND A PRIMARY CARE PROVIDER. ALMOST ALL PRIMARY MEDICAL CARE AND DENTAL CARE FOR LOW-INCOME RESIDENTS IS PROVIDED BY HOMETOWN HEALTH AND THE COMMUNITY PRACTICES OF THE ELLIS MEDICAL GROUP. BOTH FACILITIES HAVE ACHIEVED RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AS PATIENT-CENTERED MEDICAL HOMES.

PART VI, LINE 5:

OTHER INFORMATION - SUNNYVIEW REHABILITATION HOSPITAL IS A 115-BED HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION. EVERY YEAR MORE THAN 15,000 INDIVIDUALS COME TO SUNNYVIEW REHABILITATION HOSPITAL FROM ACROSS THE CAPITAL REGION OF NEW YORK STATE AND BEYOND. SUNNYVIEW REHABILITATION HOSPITAL CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS (SPHP), SUNNYVIEW REHABILITATION HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. OUR HOSPITAL OPERATES WITH AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF SUNNYVIEW REHABILITATION HOSPITAL BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION, AND RESEARCH PROGRAMS.

SUNNYVIEW REHABILITATION HOSPITAL HAS A LONG HISTORY OF CONTRIBUTING TO THE HEALTH OF OUR COMMUNITY AND HAS PARTICIPATED IN HEALTH EDUCATION REQUESTS FROM COALITION MEMBER AGENCIES, COMMUNITY OUTREACH EVENTS, AND FREE HEARING SCREENINGS, AMONG OTHER SERVICES, TO PROMOTE HEALTH IN THE COMMUNITY. BEYOND THIS IS OUR TRAINING AND CLINICAL OPPORTUNITIES FOR LOCAL STUDENTS, FROM HIGH SCHOOL TO GRADUATE SCHOOL, IN THE SPECIALTY OF REHABILITATION, INCLUDING ALL ASPECTS OF RESEARCH AND CLINICAL TRIALS OF NEURO-ELECTRONIC DEVELOPMENTS, LIMB FABRICATION AND FITTING, INCLUDING HOSPITAL CARE AND SURGERY.

DURING FY25, SPHP CONTINUED THE WORK OF THE CREATING HEALTHY SCHOOLS AND COMMUNITIES GRANT, WHICH PROVIDES TECHNICAL ASSISTANCE AND FOCUSES ON THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL WELLNESS POLICIES WITHIN THE

Schedule H (Form 990)

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Schedule H (Form 990)

14-1338386 Page 10

Part VI Supplemental Information (Continuation)

SCENECTADY CITY SCHOOL DISTRICT.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS. ST. PETER'S HEALTH PARTNERS, WHICH INCLUDES SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, HAD A TOTAL COMMUNITY IMPACT IN FY24 OF \$243.8 MILLION.

PART VI, LINE 6:

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE CLINICAL AND SOCIAL CARE.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL

Schedule H (Form 990)

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Part VI Supplemental Information (Continuation)

EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.

- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.

- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.

- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
NY