

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
VALLEY CHILDREN'S HOSPITAL
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
9300 VALLEY CHILDRENS PLACE
City or town, state or province, country, and ZIP or foreign postal code
MADERA, CA 936368762

D Employer identification number
94-1294954
E Telephone number
(559) 353-3000

F Name and address of principal officer
MICHELE WALDRON
9300 VALLEY CHILDRENS PLACE
MADERA, CA 936368762

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW VALLEYCHILDRENS ORG

K Form of organization
Corporation
L Year of formation 1949
M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 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.

Sign Here
Signature of officer: *****
Date: 2020-08-12
MICHELE WALDRON CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MOSS ADAMS LLP
Preparer's signature
Date: 2020-08-12
Check if self-employed
PTIN: P00366884
Firm's EIN: 91-0189318
Firm's address: 3121 W MARCH LN STE 200 STOCKTON, CA 952192367
Phone no: (209) 955-6100

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 HIGH QUALITY COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN REGARDLESS OF THEIR ABILITY TO PAY AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 134,074,086 including grants of \$ 10,663,364) (Revenue \$ 414,194,757)
See Additional Data

4b (Code) (Expenses \$ 428,968,794 including grants of \$) (Revenue \$ 286,265,952)
See Additional Data

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 563,042,880

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,714		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
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)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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 (MICHELE WALDRON CFO 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 (559) 353-3000).

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, or highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

See Additional Data Table

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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 ▶ 706

Table with 3 columns: Question (3, 4, 5), Yes, No. Questions regarding former officers and compensation thresholds.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like VALLEY CHILDREN'S MEDICAL GROUP and SODEXO INC & ASSOCIATES.

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 ▶ 91

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 Total revenue.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,421,374	10,421,374		
2 Grants and other assistance to domestic individuals See Part IV, line 22	241,990	241,990		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,319,566		20,319,566	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	199,665,016	163,280,197	36,384,819	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,276,491	10,619,418	2,657,073	
9 Other employee benefits	64,806,213	46,597,554	18,208,659	
10 Payroll taxes	17,686,689	13,093,931	4,592,758	
11 Fees for services (non-employees)				
a Management	1,793,791	19,560	1,774,231	
b Legal	1,622,118		1,622,118	
c Accounting	221,544		221,544	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,450,843		2,450,843	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,765,884	70,477,438	288,446	
12 Advertising and promotion	2,353,187	81,523	2,271,664	
13 Office expenses	96,169,828	87,607,954	8,561,874	
14 Information technology	7,138,032		7,138,032	
15 Royalties				
16 Occupancy	6,004,628	4,165,072	1,839,556	
17 Travel	1,223,590	288,166	935,424	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	511,579	150,081	361,498	
20 Interest	12,425,378	9,407,051	3,018,327	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,740,580	16,179,464	10,561,116	
23 Insurance	4,392,022	3,181,998	1,210,024	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PENSION PLAN TERM SETTL	92,839,591	68,905,545	23,934,046	
b HOSPITAL FEE PROGRAM	29,326,167	29,326,167		
c PURCHASED SERVICES	25,308,026	17,383,193	7,924,833	
d BAD DEBT	10,884,442	10,884,442		
e All other expenses	10,729,497	730,762	9,998,735	
25 Total functional expenses. Add lines 1 through 24e	729,318,066	563,042,880	166,275,186	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,394	1	21,023
	2 Savings and temporary cash investments	389,975,007	2	412,626,543
	3 Pledges and grants receivable, net	560,199	3	508,290
	4 Accounts receivable, net	75,373,277	4	83,334,570
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	25,976,912	5	32,087,175
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,763,049	8	11,304,869
	9 Prepaid expenses and deferred charges	19,488,786	9	22,453,853
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 647,713,246		
	b Less accumulated depreciation	10b 305,593,199	270,678,018	10c 342,120,047
	11 Investments—publicly traded securities	321,908,138	11	359,036,948
	12 Investments—other securities See Part IV, line 11	296,311,715	12	300,638,065
	13 Investments—program-related See Part IV, line 11	19,506,083	13	43,952,458
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	110,762,362	15	35,098,959
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,540,317,940	16	1,643,182,800	
Liabilities	17 Accounts payable and accrued expenses	53,631,715	17	54,716,352
	18 Grants payable		18	
	19 Deferred revenue	106,083,936	19	93,455,816
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	313,604,713	25	296,798,882
	26 Total liabilities. Add lines 17 through 25	473,320,364	26	444,971,050
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,032,895,353	27	1,183,770,455
	28 Temporarily restricted net assets	34,102,223	28	14,441,295
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,066,997,576	33	1,198,211,750	
34 Total liabilities and net assets/fund balances	1,540,317,940	34	1,643,182,800	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	771,174,154
2	Total expenses (must equal Part IX, column (A), line 25)	2	729,318,066
3	Revenue less expenses Subtract line 2 from line 1	3	41,856,088
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,066,997,576
5	Net unrealized gains (losses) on investments	5	-1,648,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	91,006,247
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,198,211,750

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 94-1294954

Name: VALLEY CHILDREN'S HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD SUNTRAPAK CEO	17 50 32 50	X		X				1,601,913	0	-290,532
JEANNINE CAMPOS GRECH BOARD TREAS/CHAIR	1 00 1 00	X		X				0	0	0
DAVE NALCHAJIAN BOARD TREAS/VICE CHAIR (THRU 9/19)	1 00 1 00	X		X				0	0	0
MICHAEL HANSON BOARD SECRETARY/TREAS (THRU 2/19)	1 00 1 00	X		X				0	0	0
ADAM HOLMES MD CHIEF OF STAFF	1 00 1 00	X						62,500	0	0
RILEY WALTER BOARD MEMBER	1 00 1 00	X						0	0	0
BILL SMITTCAMP BOARD MEMBER	1 00 1 00	X						0	0	0
KIM RUIZ BECK BOARD MEMBER	1 00 1 00	X						0	0	0
DAN ADAMS BOARD MEMBER	1 00 1 00	X						0	0	0
DAN KOONTZ BOARD MEMBER	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSE ELGORRIAGA BOARD MEMBER	1 00	X						0	0	0
MENDY LAVAL BOARD MEMBER	1 00	X						0	0	0
ROB YRACEBURU BOARD MEMBER (THRU 6/19)	1 00	X						0	0	0
VICKI BURKHALTER BOARD MEMBER	1 00	X						0	0	0
SISSY DALENA WOOD BOARD MEMBER	1 00	X						0	0	0
DANIELLE PARNAGIAN BOARD MEMBER	1 00	X						0	0	0
MICHELE R WALDRON SVP, CFO	1 00 18 50 31 50			X				815,408	0	-351,435
DEBRA FLORES PRESIDENT & COO (THRU 4/19)	40 00			X				508,565	0	8,048
DAVID CHRISTENSEN SVP, MEDICAL AFFAIRS & CPE	27 00 18 00				X			912,885	0	141,105
BEVERLY HAYDEN-PUGH SVP, CLINICAL INT, PATIENT EXP	18 00 27 00				X			1,496,458	0	-509,203

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL GOLDRING PRESIDENT, VCMG	12 00				X			681,682	0	102,169
WILLIAM CHALTRAW SVP/CHIEF LEGAL OFFICER	40 00				X			535,118	0	101,666
KAREN DAHL VP, QUALITY & PATIENT SAFETY	40 00				X			547,018	0	84,268
KEVIN SHIMAMOTO VP AND CIO	40 00				X			530,979	0	77,230
NATALE PONTICELLO JR SVP, CHIEF PEOPLE OFFICER	29 00				X			527,454	0	72,699
JOEL BROWNELL MD VP, CHIEF MEDICAL INFO OFFICER	11 00				X			478,084	0	86,344
DAVID SINGH VP, COO OF VCMG	40 00				X			472,536	0	61,450
LYNNE ASHBECK SVP, COMM ENGAGEMENT & POP WELLNESS	40 00				X			424,397	0	45,833
DANIELLE BARRY VP, REVENUE CYCLE MGMT	40 00				X			344,030	0	69,784
BRIAN SMULLIN VP, MANAGED CARE	40 00				X			327,506	0	73,459

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOLIE LIMON VP ACAD AFFAIRS, DIO & CHIEF OF PED	40 00				X				370,098	0	22,966
JANE WILLSON SVP, CHIEF STRATEGY OFFICER	8 00				X				598,809	0	25,117
DAVID HODGE JR VP CLINICAL OPS & ANCILLARY SVCS	32 00 40 00				X				359,821	0	35,081
STEPHANIE VANCE FINANCE, VP	40 00				X				388,999	0	10,089
DANIEL DAVIS VP, PATIENT CARE (THRU 4/19)	40 00				X				401,093	0	-143,614
JESSIE HUDGINS VP, FACILITIES	40 00				X				447,926	0	51,088
TRACY BLAIR EXEC DIR &DEP GEN COUNC (THRU 7/19)	40 00					X			281,417	0	-22,668
KRISTINE AUBRY EXEC DIREC AMB SVCS (THRU 4/19)	40 00					X			267,231	0	-42,191
PAUL LEBBY NEURODEV PROGRAM DIRECTOR	40 00					X			246,170	0	-142,150
THOMAS ORR SUPV PHARMACY HOME INFUSION	40 00					X			235,757	0	21,182

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YVONNE WOOD MANAGER PATIENT THROUGHPUT	40 00					X		229,067	0	-26,434

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 94-1294954

Name: VALLEY CHILDREN'S HOSPITAL

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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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 VALLEY CHILDREN'S HOSPITAL	Employer identification number 94-1294954
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,248
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		315,296
j Total Add lines 1c through 1i			323,544
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 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
PART II-B, LINE 1	VALLEY CHILDREN'S HOSPITAL HAS HAD DIRECT CONTACT WITH AND HAS ENCOURAGED OTHERS TO HAVE DIRECT CONTACT WITH LOCAL, STATE AND FEDERAL LEGISLATORS REGARDING CHILDREN'S HEALTH CARE PUBLIC POLICY THESE CONTACTS HAVE PROVIDED INFORMATION REGARDING THE PROVISION OF HEALTH CARE SERVICES TO CHILDREN, THE ANTICIPATED EFFECT ON CHILDREN'S HEALTH OF PENDING LEGISLATIVE PROPOSALS, AND REQUESTS FOR ASSISTANCE IN SUPPORTING ACCESS TO CHILDREN'S HEALTH CARE BY MAINTAINING CURRENT STATE AND FEDERAL FUNDING LEVELS FOR MEDICAL AND OTHER PUBLIC PROGRAMS EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE LESS THAN 1% OF TOTAL HOSPITAL EXPENDITURES VALLEY CHILDREN'S HOSPITAL HAS MADE NO CONTRIBUTIONS TO ANY POLITICAL CANDIDATE OR ELECTED OFFICIAL SALARIES RELATED TO LOBBYING \$8,248 ASSOCIATION DUES RELATED TO LOBBYING NACH 43,595 NACH CONTRIBUTION 3,300 AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING 69 ASSOCIATION FOR HEALTHCARE RESOURCE PROFESSIONALS 40 ASSOCIATION OF AMERICAN MEDICAL COLLEGES 423 CALIFORNIA CHAMBER OF COMMERCE 117 CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION 65,955 CALIFORNIA HOSPITAL ASSOCIATION/AMERICAN HOSP ASSOC 21,049 CHILDREN'S SPECIALTY CARE COALITION 3,800 HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIF 30,385 NATIONAL ASSOCIATION OF EPILEPSY CENTERS 120 BROWNSTEIN HYATT FARBER SCHRECK 146,443 TOTAL EXPENDITURES RELATED TO LEGISLATIVE MATTERS \$323,544

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		55,100,315		55,100,315
b Buildings		335,618,449	121,375,308	214,243,141
c Leasehold improvements		3,735,262	3,123,407	611,855
d Equipment		223,059,089	157,736,036	65,323,053
e Other		30,200,131	23,358,448	6,841,683
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				342,120,047

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) LIMITED PARTNERSHIPS	195,462,758	F
(B) HEDGE FUNDS	105,175,307	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	300,638,065	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MALPRACTICE RESERVE	6,251,783
ACCRUED PENSION LIABILITY	1,546,308
457 LIABILITY	3,579,152
1732 LIABILITY	1,318,412
WORKERS COMP	4,344,672
INS LIABILITY	3,128,328
DC SERP LIABILITY	999,283
BONDS	275,630,944
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	296,798,882

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 94-1294954
Name: VALLEY CHILDREN'S HOSPITAL

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

1 (a) Description of Liability	(b) Book Value
MALPRACTICE RESERVE	6,251,783
ACCRUED PENSION LIABILITY	1,546,308
457 LIABILITY	3,579,152
1732 LIABILITY	1,318,412
WORKERS COMP	4,344,672
INS LIABILITY	3,128,328
DC SERP LIABILITY	999,283
BONDS	275,630,944

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			88,069,447
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			88,069,447

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE AMOUNT IN COLUMN F IS BASED ON FAIR MARKET VALUE

Additional Data

Software ID:

Software Version:

EIN: 94-1294954

Name: VALLEY CHILDREN'S HOSPITAL

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		58,202,340
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		29,867,107

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
 VALLEY CHILDREN'S HOSPITAL

Employer identification number
 94-1294954

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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			
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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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)			346,213		346,213	0.050 %
b Medicaid (from Worksheet 3, column a)			449,374,225	451,499,918	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			56,200	14,752	41,448	0.010 %
d Total Financial Assistance and Means-Tested Government Programs			449,776,638	451,514,670	387,661	0.060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,842,714		1,842,714	0.260 %
f Health professions education (from Worksheet 5)			10,326,057	1,186,978	9,139,079	1.270 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			974,752	494,300	480,452	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			9,967,754		9,967,754	1.390 %
j Total. Other Benefits			23,111,277	1,681,278	21,429,999	2.990 %
k Total. Add lines 7d and 7j			472,887,915	453,195,948	21,817,660	3.050 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		3,427,168
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	204,838
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	271,754
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-66,916
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment		Yes	No
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?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW VALLEYCHILDRENS ORG</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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW VALLEYCHILDRENS ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>350 000000000000</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 type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW VALLEYCHILDRENS ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW VALLEYCHILDRENS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW VALLEYCHILDRENS ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE AT COST WAS CALCULATED USING A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 THE DECISION SUPPORT SYSTEM WAS USED TO CALCULATE COST-TO-CHARGE FOR DETERMINING UNREIMBURSED MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS THIS DECISION SUPPORT SYSTEM ADDRESSES ALL PATIENT SEGMENTS (I E INPATIENT, OUTPATIENT, ETC)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 10,884,442

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE DESCRIBING BAD DEBT EXPENSE SEE PAGE 15, NOTE 1 OF THE AUDITED FINANCIAL STATEMENTS COSTING METHODOLOGY ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE ESTIMATED BASED ON HISTORICAL WRITE-OFF PERCENTAGES AND REVIEW OF LARGE BALANCE SELF-PAY ACCOUNTS DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBT IF SUBSEQUENTLY COLLECTED THE COST OF BAD DEBT WRITE-OFFS WERE CALCULATED BY APPLYING THE OVERALL COST TO CHARGE RATIO OF THE ORGANIZATION TO THE CHARGES WRITTEN OFF

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE ALLOWABLE COST IS CALCULATED USING THE FILED 2019 MEDICARE COST REPORT MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE REIMBURSEMENT IS NOT NEGOTIABLE AND DOES NOT COVER THE COST TO PROVIDE SERVICES ADDITIONALLY, THE MAJORITY OF THE HOSPITAL'S MEDICARE PATIENTS WOULD BE COVERED BY MEDI CAL IF THEY DID NOT FALL UNDER THE MEDICARE COVERAGE OPTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION ATTEMPTS ARE DISCONTINUED ONCE CHARGES ARE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE, INSURANCE COLLECTION ATTEMPTS CONTINUE AS APPROPRIATE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>COMMUNITY HEALTH NEEDS ASSESSMENT VALLEY CHILDREN'S HOSPITAL'S COMMUNITY BENEFITS PROGRAM IS BASED ON A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONSISTENT WITH STATE AND FEDERAL LAW, VALLEY CHILDREN'S HOSPITAL COMPLETES A FORMAL CHNA AT LEAST ONCE EVERY THREE YEARS VALLEY CHILDREN'S HOSPITAL'S 2019 COMMUNITY BENEFITS PROGRAM IS BUILT UPON THE OUTCOMES OF A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT THAT INCLUDED THE FOLLOWING ACTIVITIES JOINT NEEDS ASSESSMENT -VALLEY CHILDREN'S HOSPITAL PARTNERED WITH HOSPITALS IN A FOUR-COUNTY REGION TO CONDUCT AN ASSESSMENT OF HEALTH NEEDS FOR BOTH CHILDREN AND ADULTS COUNTIES COVERED INCLUDED MADERA, KINGS, FRESNO, AND TULARE THROUGH THEIR REGIONAL HOSPITAL ASSOCIATION, THE HOSPITALS CONTRACTED JOINTLY WITH LEAP SOLUTIONS TO FACILITATE THE CHNA, WHICH WAS CONDUCTED BETWEEN OCTOBER 2015 AND FEBRUARY 2016 AND PUBLISHED IN MARCH 2016 LEAP SOLUTIONS, LLC FOLLOWED SEVERAL STEPS TO ENSURE THAT THE HOSPITALS WOULD HAVE ADEQUATE INFORMATION FROM WHICH TO IDENTIFY POSSIBLE ACTIONS FIRST, IT WAS IMPORTANT TO REVIEW THE WORK THAT HAD BEEN DONE IN THE PAST AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT SECOND, IT WAS ESSENTIAL TO AGREE UPON THE DATA TO BE USED FOR THE REPORT IN ORDER TO APPLY A CONSISTENT SET OF KEY SOCIAL DETERMINANTS OF HEALTH IN EACH OF THE FOUR COUNTIES SUPPLEMENTAL ASSESSMENT ACTIVITY - IN ADDITION TO THE LEAP SOLUTIONS' FACILITATED ASSESSMENT, VALLEY CHILDREN'S HOSPITAL STAFF ACCESSED OTHER RESOURCES TO FURTHER ASSESS CHILDREN'S HEALTH CARE NEEDS THROUGHOUT THE HOSPITAL'S ENTIRE SERVICE AREA RESOURCES INCLUDED DATA SOURCES AS WELL AS CONVERSATIONS WITH LOCAL HEALTH CARE PROVIDERS AND ADVOCATES DATA SOURCES INCLUDED KIDSDATA ORG, THE CALIFORNIA HEALTH INTERVIEW SURVEY DATA, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH'S PEDIATRIC NUTRITION SURVEILLANCE DATA, AND THE CALIFORNIA CHILD WELFARE INDICATORS PROJECT AT THE UNIVERSITY OF CALIFORNIA AT BERKELEY LOCAL PROVIDERS AND ADVOCATES CONSULTED INCLUDED FEDERALLY QUALIFIED HEALTH CENTERS, INDIVIDUAL PEDIATRICIANS, THE CENTRAL CALIFORNIA CHILDREN'S INSTITUTE AND THE CENTRAL VALLEY HEALTH POLICY INSTITUTE VALLEY CHILDREN'S HOSPITAL STAFF ALSO REMAINED ACTIVELY ENGAGED IN A NUMBER OF COMMUNITY-BASED ORGANIZATIONS AND INITIATIVES IN 2019 THIS CONTINUOUS ENGAGEMENT KEPT THE HOSPITAL CLOSE TO THE ISSUES MOST IMPACTING THE HEALTH AND WELLBEING OF CHILDREN IN ITS SERVICE AREA AND ALLOWED THE HOSPITAL TO MAKE ADJUSTMENTS TO ITS COMMUNITY BENEFITS PROGRAM ACTIVITIES AS APPROPRIATE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION AS THE ONLY PEDIATRIC NETWORK OF ITS KIND IN ALL OF CENTRAL CALIFORNIA, VALLEY CHILDREN'S SERVICE AREA EXTENDS FROM SACRAMENTO COUNTY IN THE NORTH TO KERN COUNTY IN THE SOUTH, AND PICKS UP MUCH OF THE CENTRAL COAST AND EASTERN SIERRA AS WELL VALLEY CHILDREN'S SERVICE AREA IS FOCUSED ON THOSE SEVEN COUNTIES THAT COLLECTIVELY ACCOUNT FOR MORE THAN 95% OF VALLEY CHILDREN'S INPATIENT AND OUTPATIENT VOLUME THOSE COUNTIES ARE FRESNO, KERN, KINGS, MADERA, MERCED, STANISLAUS AND TULARE ACCORDING TO WWW KIDSDATA ORG, APPROXIMATELY 1/3 OF CHILDREN LIVING IN THESE SEVEN COUNTIES LIVE IN POVERTY, 3/4 ARE AN ETHNICITY OTHER THAN CAUCASIAN AND CLOSE TO 1/4 LIVE IN FAMILIES WHERE ENGLISH IS NOT THE PRIMARY LANGUAGE SPOKEN AT HOME IN 2019, VALLEY CHILDREN'S HOSPITAL HAD 12,139 INPATIENT CASES, 108,335 EMERGENCY DEPARTMENT VISITS AND A COMBINED 305,096 OUTPATIENT CENTER, REGIONAL SPECIALTY CARE CENTER AND DAY SURGERY VISITS MEDI-CAL BENEFITS COVERED 75% OF THE HOSPITAL'S TOTAL INPATIENT DAYS AND 77% OF THE OUTPATIENT VISITS AT VALLEY CHILDREN'S HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH VALLEY CHILDREN'S HOSPITAL PARTNERS WITH A VARIETY OF COMMUNITY-BASED ORGANIZATIONS TO HELP ADDRESS ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDING THE FOLLOWING CHILD ABUSE PREVENTION - PREVENTING AND PROTECTING CHILDREN FROM ABUSE AND NEGLECT FORM THE CORNERSTONE OF THE GUILD'S OF CHILDREN'S HOSPITAL CHILD ABUSE PREVENTION AND TREATMENT CENTER IN PARTNERSHIP WITH A NUMBER OF PRIVATE AND PUBLIC AGENCIES, THE PROGRAM PROVIDED EDUCATION, LEADERSHIP, AND DIRECT SERVICES FOR CHILDREN WHO WERE VICTIMS OF ABUSE AND TO PARENTS AND COMMUNITY-BASED ORGANIZATIONS TO HELP PREVENT ABUSE CAPACITY FOR MEETING THE NEEDS OF MEDICALLY COMPLEX CHILDREN - VALLEY CHILDREN'S HOSPITAL RECOGNIZES THE CRITICAL ROLE THAT COMMUNITY BASED PROVIDERS AND ORGANIZATIONS PLAY IN MEETING THE NEEDS OF MEDICALLY COMPLEX CHILDREN AND IS COMMITTED TO MAKING SURE THEY HAVE THE CLINICAL SKILLS TO TAKE CARE OF THIS PATIENT POPULATION TO HELP ENSURE THESE CHILDREN RECEIVE MEDICALLY APPROPRIATE CARE AT SCHOOL, VALLEY CHILDREN'S HOSPITAL PARTNER ED WITH THE CALIFORNIA SCHOOL NURSE ORGANIZATION AND INDIVIDUAL SCHOOL DISTRICTS TO PROVIDE TRAINING TO SCHOOL NURSES ON A VARIETY OF CLINICAL PROCEDURES AND TOPICS CRITICAL TO KEEPING CHILDREN HEALTHY ADDITIONALLY, VALLEY CHILDREN'S HOSPITAL PARTICIPATED IN AND HOSTED THE SCHOOL HEALTH ADVISORY PANEL'S QUARTERLY MEETINGS THE PANEL IS A CONSORTIUM OF SCHOOL DISTRICT HEALTH DIRECTORS THROUGHOUT THE CENTRAL VALLEY THAT SERVES AS A LINK BETWEEN SCHOOL-BASED HEALTH CARE PROFESSIONALS AND CHILDREN'S HOSPITAL FOR THE PURPOSE OF IDENTIFYING AND ADDRESSING EMERGING ISSUES IMPACTING THE HEALTH AND WELLBEING OF STUDENTS IN GRADES K-12 VALLEY CHILDREN'S HOSPITAL PROVIDED SIGNIFICANT OUTREACH EDUCATION TO REFERRING HOSPITALS AND COMMUNITY BASED ORGANIZATIONS TO MAKE SURE THEY HAVE THE CLINICAL EXPERTISE NEEDED TO CARE FOR MEDICALLY COMPLEX CHILDREN IN FY2019, VALLEY CHILDREN'S PROVIDED CONTINUING MEDICAL EDUCATION TO MORE THAN 600 COMMUNITY-BASED PRIMARY CARE PHYSICIANS PEDIATRIC SUB SPECIALTY PHYSICIANS FROM VALLEY CHILDREN'S SERVED AS FEATURED FACULTY, PROVIDING COMMUNITY-BASED PHYSICIANS WITH GUIDANCE ON A VARIETY OF PEDIATRIC MEDICAL CONDITIONS INCLUDING DERMATOLOGY, DEVELOPMENTAL DYSPLASIA OF THE HIP, HEADACHES, HERNIAS, HEART DISEASE AND EXERCISE, HYPERTENSION, NEONATAL ABSTINENCE SYNDROME, NEW ONSET SEIZURES, SHORT STATURE AND GROWTH FAILURE, AND SURGERY URGENCIES AND EMERGENCIES PROGRAMS WERE PROVIDED AT LOCATIONS THROUGHOUT THE VALLEY CHILDREN'S SERVICE AREA, INCLUDING BAKERSFIELD, HANFORD, MADERA, MERCED, MODESTO, POTERVILLE, REEDLEY AND VISALIA VALLEY CHILDREN'S PARTICIPATED IN A NUMBER OF INITIATIVES SUPPORTING THE HEALTHY DEVELOPMENT OF CHILDREN BOTH DURING PREGNANCY AND DURING THE FIRST THREE TO FIVE YEARS OF LIFE EXAMPLES INCLUDE THE FOLLOWING FRESNO COUNTY PRE-TERM BIRTH INITIATIVE FRESNO COUNTY HAS ONE OF CALIFORNIA'S HIGHEST RATES OF PREMATURE BIRTH WITH 1 OUT OF EVERY 9 BABIES BORN TOO EARLY PREMATURE BIRTH CAN CAUSE SERIOUS PHYSICAL AND MENTAL DISABILITIES, OR EVEN DEATH, BEFORE THE BABY'S FIRST BIRTHDAY OVER A 10-YEAR PERIOD, THE FRESNO COUNTY PRE-TERM BIRTH INITIATIVE IS WORKING TO IMPROVE THE HEALTH OF FRESNO MOTHERS AND REDUCE THE RATE OF PREMATURE BABIES USING AN APPROACH CALLED COLLECTIVE IMPACT, PARTNERS ACROSS MANY SECTORS HAVE COME TOGETHER TO CREATE CHANGE IN FRESNO COUNTY VALLEY CHILDREN'S HAS BEEN AN ACTIVE PARTICIPANT IN THIS INITIATIVE, WITH VALLEY CHILDREN'S SENIOR VICE PRESIDENT FOR COMMUNITY ENGAGEMENT AND POPULATION WELLNESS SERVING AS CHAIR OF THE INITIATIVE'S STEERING COMMITTEE CRADLE TO CAREER BOTH FRESNO AND STANISLAUS COUNTIES HAVE BEGUN FORMAL CRADLE TO CAREER INITIATIVES FOR THE PURPOSE OF CONVENING PUBLIC AND PRIVATE SECTOR STAKEHOLDERS TO WORK TOGETHER TO IMPROVE OUTCOMES FOR CHILDREN IN THEIR COMMUNITIES, FROM PRE-CONCEPTION TO COLLEGE AND/OR VOCATIONAL TRAINING VALLEY CHILDREN'S PARTICIPATES IN BOTH INITIATIVES AND HAS BEEN A STRONG VOICE FOR THE INCLUSION OF OUTCOMES AND INDICATORS FOCUSED ON CHILD HEALTH AND WELLNESS HELP ME GROW FRESNO AND KERN COUNTIES HELP ME GROW IS A COORDINATED SYSTEM OF EARLY IDENTIFICATION AND REFERRAL FOR CHILDREN AGES 0-5 WHO ARE AT RISK FOR DEVELOPMENTAL DELAYS IN FY2019, VALLEY CHILDREN'S SUPPORTED THE IMPLEMENTATION OF HELP ME GROW IN ITS PEDIATRIC PRIMARY CARE PRACTICES IN FRESNO AND KERN COUNTIES BY PROMOTING THE USE OF A SPECIFIC DEVELOPMENTAL ASSESSMENT AND SCREENING TOOL THAT IS PART OF THE HELP ME GROW MODEL MARCH OF DIMES VALLEY CHILDREN'S PARTNERED CLOSELY WITH THE MARCH OF DIMES TO ADVOCATE ON BEHALF OF POLICIES AT THE STATE AND FEDERAL LEVEL THAT PROMOTE HEALTHY PREGNANCIES AND HEALTHY BABIES IN 2019, VALLEY CHILDREN'S DIRECTOR OF COMMUNITY AND GOVERNMENT RELATIONS CHAIRED THE MARCH OF DIMES OF CALIFORNIA'S ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE AND VALLEY CHILDREN'S DIRECTOR FOR CLINICAL CARE SERVED ON THE MARCH OF DIMES CENTRAL VALLEY DIVISION BOARD</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>D OF DIRECTORS BEHAVIORAL HEALTH - BEHAVIORAL HEALTH IS ONE OF THE MOST PRESSING NEEDS FAC ING CHILDREN IN CALIFORNIA - WITH CHILDREN IN VALLEY CHILDREN'S HEALTHCARE'S SERVICE AREA PARTICULARLY UNDERSERVED DUE TO THE GEOGRAPHY, PROVIDERS SHORTAGES, AND LIMITED COMMUNITY- BASED SERVICES IN 2019, VALLEY CHILDREN'S DEMONSTRATED ITS COMMITMENT TO MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN A NUMBER OF WAYS AT THE LOCAL LEVEL, VALLEY CHILDREN'S STAFF PROVIDED TEEN SUICIDE PREVENTION EDUCATION TO STUDENTS AND STAFF AT AREA HIGH SCHOOLS IN ADDITION, VALLEY CHILDREN'S STAFF EITHER LED OR PARTICIPATED IN A NUMBER OF COMMUNITY-BASED INITIATIVES, INCLUDING SERVING AS MEMBERS OF THE FRESNO SUICIDE PREVENTION COLLABORATIVE AND THE MADERA COUNTY SUICIDE EDUCATION AND AWARENESS COLLABORATIVE, AS WELL AS CHAIRING COMMUNITY CONVERSATIONS, A COMMUNITY-WIDE PARTNERSHIP ADDRESSING ISSUES OF MENTAL HEALTH, HOMELESSNESS, AND THEIR IMPACT ON FAMILIES VALLEY CHILDREN'S ALSO PROVIDED EDUCATION AND RESOURCES FOR COMMUNITY STAKEHOLDERS, INCLUDING CONTINUING MEDICAL EDUCATION FOR COMMUNITY-BASED PROVIDERS IN COLLABORATION WITH THE AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 1 MENTAL HEALTH ACCESS TASK FORCE IN SEPTEMBER 2019, VALLEY CHILDREN'S ANNOUNCED A PARTNERSHIP WITH UNIVERSAL HEALTH SERVICES (UHS), ONE OF THE NATION'S LARGEST AND MOST RESPECTED PROVIDERS OF HOSPITAL AND HEALTHCARE SERVICES UNDER THE PARTNERSHIP, UHS WILL CONSTRUCT AN 81,600-SQUARE-FOOT, 128-BED BEHAVIORAL HEALTH HOSPITAL FOR CHILDREN AND ADULTS IMMEDIATELY ADJACENT TO THE VALLEY CHILDREN'S HOSPITAL CAMPUS IN MADERA THE FACILITY WILL INCLUDE A 24-BED INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS, AGES 5 -17, REPRESENTING A 49 % INCREASE IN AVAILABLE BEDS FOR KIDS FROM KERN TO SAN JOAQUIN COUNTIES THE HOSPITAL IS EXPECTED TO OPEN IN 2022 WHILE THE PERMITTING AND CONSTRUCTION PROCESS GETS UNDERWAY, UHS WILL WORK CLOSELY WITH VALLEY CHILDREN'S TO INVEST RESOURCES IN MEETING IMMEDIATE BEHAVIORAL HEALTH NEEDS, ESTABLISHING ADDITIONAL TELE-PSYCHIATRY SERVICES IN SUPPORT OF OUR HOSPITAL AND PRIMARY CARE SERVICES, AND DEVELOPING A NEW PSYCHIATRY RESIDENCY PROGRAM IN THE REGION AT THE STATE LEVEL, VALLEY CHILDREN'S STAFF SERVED ON AND CHAIRED CALIFORNIA'S MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION AND HELPED SUCCESSFULLY ADVOCATE FOR AN INCREASE IN MEDICAL COVERAGE FOR POSTPARTUM DEPRESSION INJURY PREVENTION - VALLEY CHILDREN'S OPERATES AN INJURY PREVENTION PROGRAM TO INCREASE COMMUNITY AWARENESS OF CHILDHOOD INJURIES AND THOSE MEASURES THAT CAN BE TAKEN TO DECREASE THEIR PREVALENCE THROUGHOUT CENTRAL CALIFORNIA IN FY2019, THE PROGRAM RECORDED 14,132 CONTACTS WITH CHILDREN, PARENTS, HEALTHCARE PROFESSIONAL AND OTHERS AT 113 DIFFERENT COMMUNITY, MEDIA AND PROFESSIONAL EVENTS CONCERNING THE FOLLOWING TOPICS CHILD PASSENGER SAFETY, ABUSIVE HEAD TRAUMA, PEDESTRIAN SAFETY, SAFE SLEEP, TRAUMATIC BRAIN INJURY (HELMET SAFETY), HALLOWEEN SAFETY, POISON PREVENTION, RESPONDING TO A BLEEDING EMERGENCY, DRIVER SAFETY AND AWARENESS (INCLUDING DRUNK/DISTRACTED DRIVING), BABY BASICS, MEDICATION SAFETY, CHOKING PREVENTION, HOME SAFETY, CONCUSSION PREVENTION AND MANAGEMENT, BICYCLE SAFETY, PEDIATRIC TRAUMA, WATER SAFETY AND SUICIDE PREVENTION THE MISSION OF VALLEY CHILDREN'S HOSPITAL IS TO PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTH CARE SERVICES TO CHILDREN REGARDLESS OF THEIR ABILITY TO PAY AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN THE HOSPITAL OPERATES AN OPEN MEDICAL STAFF AND IS AN INDEPENDENT NON PROFIT ORGANIZATION GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES WHICH IS THEREFORE ACCOUNTABLE TO OUR COMMUNITY AND ONLY OUR COMMUNITY</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 94-1294954

Name: VALLEY CHILDREN'S HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		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	VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368761 WWW VALLEYCHILDRENS ORG 040000160			X				X			A
2	VALLEY CHILDREN'S HOME CARE 5085 E MCKINLEY AVE FRESNO, CA 93727 WWW VALLEYCHILDRENS ORG 040000160			X							A

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 VALLEY CHILDREN'S HOSPITAL, - FACILITY 2 VALLEY CHILDREN'S HOME CARE

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

Form and Line Reference	Explanation
<p>FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5</p>	<p>IN ORDER TO CONDUCT THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR FRESNO, KING S, MADERA AND TULARE COUNTIES, HOSPITAL LEADERS FROM EACH COUNTY, INCLUDING VALLEY CHILDRE N'S HOSPITAL, ENGAGED WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA TO FORM THE HOSPITAL COUNCIL COMMUNITY BENEFIT WORKGROUP THIS WORKGROUP REPRESENTS 15 HOSPITALS THROUGHOUT THE FOUR COUNTIES UNDER THEIR DIRECTION, CONSULTANTS REVIEWED THE SECONDARY DATA IN THE REGION IN ORDER TO BEGIN LOOKING FOR EVIDENCE OF HEALTH NEEDS, TO DESIGN A COMMUNITY ENGAGEMENT PROCESS TO SOLICIT FEEDBACK ON THESE NEEDS, AND TO CREATE A PROCESS TO PRIORITIZE THESE NEEDS BASED ON COMMUNITY INPUT CONSULTANTS FROM LEAP SOLUTIONS REVIEWED THREE SOURCES TO DETERMINE WHAT THE MOST COMMON HEALTH NEEDS ARE FOR CONSIDERATION IN A CHNA INCLUDED IN THE REVIEW WERE METRICS OR INDICATORS IDENTIFIED BY THE CENTER FOR DISEASE CONTROL (CDC) AND METRICS USED BY HEALTHY PEOPLE 2020 INITIATIVE, A COLLABORATION OF THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES AND OTHER FEDERAL AGENCIES AND RESEARCH INSTITUTIONS CONSULTANTS ALSO REVIEWED THE LIST OF THE MOST COMMONLY IDENTIFIED HEALTH NEEDS ACROSS KAISER PERMANENTE'S CHNA DATA PLATFORM (WWW.CHNA.ORG) AFTER REVIEWING ALL THE LISTS, THE CONSULTANTS FOUND THAT THE 15 POTENTIAL HEALTH NEEDS IDENTIFIED BY THE CHNA DATA PLATFORM ALIGN WELL WITH THOSE DEFINED BY THE CDC AND THOSE USED BY THE HEALTHY PEOPLE 2020 INITIATIVE THEY WERE ADOPTED FOR USE IN THIS CHNA TO GUIDE THE PRIMARY AND SECONDARY DATA COLLECTION THESE HEALTH NEEDS ARE - ACCESS TO CARE - BREATHING PROBLEMS (ASTHMA) - CANCERS - CLIMATE AND HEALTH - CARDIOVASCULAR DISEASE/STROKE (HEART DISEASE) - DIABETES - ECONOMIC SECURITY - HIV/AIDS/STDs - MATERNAL, INFANT AND CHILD HEALTH - MENTAL HEALTH - OBESITY - ORAL HEALTH - OVERALL HEALTH - SUBSTANCE ABUSE - VIOLENCE/INJURY PREVENTION THE NEXT STEP IN THE CHNA PROCESS REQUIRED ENGAGING THE COMMUNITY TO SOLICIT THEIR PERCEPTIONS OF THE MOST PRESSING HEALTH NEEDS IN THE COMMUNITY THIS EFFORT INCLUDED CHNA SURVEYS, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS WITH PUBLIC HEALTH DIRECTORS, HOSPITAL CEOs AND NONPROFIT ORGANIZATION LEADERS SERVING UNIQUE SEGMENTS OF THE COMMUNITY (IE THE DISABLED, POOR, OR UNIQUE ETHNIC GROUPS) THESE THREE METHODOLOGIES WERE USED IN ORDER TO REACH COMMUNITY MEMBERS WHO MIGHT BE MORE COMFORTABLE SHARING THEIR PERSPECTIVES ON AN INDIVIDUAL SURVEY VERSUS ATTENDING A FOCUS GROUP IN ORDER TO LEVERAGE THE OPPORTUNITY TO USE A CONSISTENT SET OF QUESTIONS ACROSS ALL FOUR COUNTIES, THE WORKGROUP SELECTED A CHNA SURVEY DESIGNED BY THE HEALTHY MADERA COALITION WITH THE COUNTY PUBLIC HEALTH DEPARTMENT STAFF THIRTY-SIX QUESTIONS CENTERED ON KEY HEALTH CONCERNS AND FACTORS THAT INFLUENCE THE HEALTH OF THE COMMUNITY AND INCLUDED DEMOGRAPHIC THE CHNA SURVEY FOCUSED ON - COMMUNITY HEALTH NEEDS, - ENVIRONMENTAL FACTORS THAT INFLUENCE THE HEALTH OF THE COMMUNITY, - BEHAVIORS THAT IMPACT HEALTH - BARRIERS TO GETTING HEALTH CARE</p>

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5	<p>RE IN THEIR COUNTY - INDICATORS OF A HEALTHY COMMUNITY, AND - FACTORS IN THEIR COMMUNITIES NEEDING MOST IMPROVEMENT THE SURVEY WAS PROVIDED THROUGH SURVEY MONKEY, AN ONLINE WEB PL ATTFORM, IN BOTH SPANISH AND ENGLISH AND CORRESPONDING WEBSITE LINKS WERE EMAILED TO HOSPIT AL AND FACILITY STAFF AS WELL AS COMMUNITY MEMBERS THE SURVEY LINK WAS CONFIGURED TO ALLO W FOR CONFIDENTIALITY OF RESPONSES AND THE SURVEY WAS AVAILABLE FROM JULY 1, 2015 TO DECEM BER 2, 2015 TWO COMMUNITY ORGANIZATIONS WERE CONTRACTED TO ASSIST WITH THE COMMUNITY OUTR EACH EFFORTS THESE WERE FRESNO METRO MINISTRYA NONPROFIT ESTABLISHED IN 1970 WITH A MISS ION TO ADVOCATE FOR THE HEALTH AND WELL-BEING OF THE COMMUNITY AND CENTRO LA FAMILIA ADVOC ACY SERVICESA NONPROFIT WORKING TO EMPOWER LOW INCOME PEOPLE TO ACCESS LIFE SUSTAINING RES OURCES THROUGH EDUCATION, TRAINING AND SOCIAL SERVICES IN ADDITION, THE MADERA COUNTY DEP ARTMENT OF PUBLIC HEALTH AND CAMARENA HEALTH, A FEDERALLY QUALIFIED HEALTH CENTER, ASSISTE D WITH THE OUTREACH EFFORTS IN THEIR OWN COUNTY AND PROVIDED THE COMMUNITY SURVEY USED FOR THIS CHNA FOCUS GROUPSA TOTAL OF 15 FOCUS GROUPS WERE CONDUCTED RANGING IN SIZE FROM 4 T O 24 PARTICIPANTS THE FOCUS GROUPS WERE ATTENDED BY HOSPITAL AND FACILITY STAFF, COMMUNIT Y LEADERS FROM NONPROFIT AND FAITH-BASED ORGANIZATION AND ELECTED OFFICIALS AND RESIDENTS THESE SESSIONS WERE CONDUCTED PRIMARILY IN ENGLISH OTHER FOCUS GROUPS WERE COMPRISED OF PRIMARILY RESIDENTS, INCLUDING MOTHERS AND YOUTH, AND WERE CONDUCTED IN ENGLISH AND SPANIS H CHILDCARE WAS PROVIDED AT TWO OF THE FOCUS GROUPS ALL OF THE FOCUS GROUPS FOLLOWED THE SAME FORMAT AND AGENDA - AN INTRODUCTION AND OVERVIEW OF THE CHNA PROCESS AND PURPOSE- A REVIEW OF EIGHT KEY HEALTH INDICATORS TO UNDERSTAND HOW THE COUNTIES RANKED IN COMPARISON WITH CALIFORNIA AND THE UNITED STATES- A REVIEW OF HOW OTHER RESIDENTS AND HEALTH CARE WO RKERS RESPONDED TO THE CHNA SURVEY AND WHETHER THOSE ATTENDING AGREE OR DISAGREE WITH MOST COMMON RESPONSES TO THE ABOVE-MENTIONED FIVE KEY QUESTIONS (Q11, Q12, Q13, Q14 AND Q16)- A LARGE GROUP DISCUSSION WAS FACILITATED ON THREE ADDITIONAL QUESTIONS THAT WERE USED TO S EEK THE GROUP'S CONSENSUS ON WHAT ARE SOME KEY SERVICES YOU BELIEVE WOULD HELP ADDRESS TH ESE CHALLENGES FROM THE FOLLOWING OPTIONS 1 MORE COMMUNITY CLINICS/AMBULATORY CENTERS 2 MORE REGIONAL INITIATIVES ON COMMUNITY HEALTH 3 ENGAGING NONPROFITS IN COORDINATED CARE 4 USING COMMUNITY ADVISORY COUNCILS 5 MORE PATIENT SUPPORT GROUPS 6 MORE HEALTH EDUCATI ON FAIRS/ EVENTS 7 MORE UPSTREAM HEALTH INTERVENTIONS 8 OTHER WHAT ONE EFFORT WOULD MAK E THE GREATEST IMPACT ON HEALTH OUTCOMES IN YOUR COMMUNITY FROM THE FOLLOWING OPTIONS 1 MORE DISEASE PREVENTION EFFORTS 2 MORE COORDINATED CARE PROGRAMS/SERVICES 3 MORE UPSTREA M HEALTH INITIATIVES 4 BETTER COMMUNITY INFRASTRUCTURE TO SUPPORT HEALTHY LIVING 5 IMPRO VED HEALTH EDUCATION 6 IMPROVED ENVIRONMENTAL CONDITIONS 7 IMPROVED ECONOMIC CONDITIONS 8 OTHER ARE YOU AWARE OF ANY</p>

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

Form and Line Reference	Explanation
<p>FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5</p>	<p>NEW PROGRAMS OR SERVICES THAT WERE CREATED IN THE LAST THREE YEARS THAT HAVE THE POTENTIAL TO ADDRESS YOUR COMMUNITY'S HEALTH NEEDS? IN ORDER TO KEEP EACH OF THE FOCUS GROUPS TO A 60-MINUTE FORMAT, IT WAS NECESSARY TO CHOOSE AMONG A SIGNIFICANT AMOUNT OF SECONDARY DATA TO SHARE WITH PARTICIPANTS. THE CONSULTANTS SELECTED HEALTH INDICATORS DIRECTLY LINKED TO THE RESULTS OF THE 2013 HOSPITAL COUNCIL REGIONAL CHNA REPORT PRODUCED FOR THE SAME FOUR COUNTIES. THIS ALLOWED THE FOCUS GROUP PARTICIPANTS TO CONTINUE DISCUSSING ASTHMA, OBESITY, ACCESS TO CARE, MENTAL HEALTH AND SOCIOECONOMIC FACTORS THAT WERE CONCERNS RAISED IN 2013 CHNA KEY STAKEHOLDER INTERVIEWS. THE WORKGROUP IDENTIFIED APPROXIMATELY 95 KEY STAKEHOLDERS IN THE REGION WHO WOULD BE IMPORTANT TO INTERVIEW. CONSULTANTS CONTACTED EACH STAKEHOLDER OFFERING TO CONDUCT PHONE OR IN-PERSON INTERVIEWS. PARTICIPANTS IN THIS EFFORT INCLUDED COUNTY PUBLIC HEALTH DIRECTORS, HOSPITAL EXECUTIVES AND NONPROFIT LEADERS WHO SERVE THE COMMUNITY WITH SOCIAL, HEALTH, OR EDUCATIONAL SUPPORT SERVICES. THESE KEY STAKEHOLDERS WERE SELECTED AS THEY COULD PROVIDE A UNIQUE PERSPECTIVE ON THE HEALTH OF THE COMMUNITY, HEALTH CARE DELIVERY SYSTEMS AND OVERALL CONDITIONS THAT INFLUENCE HEALTH BEHAVIORS. IN ADDITION, THE CHNA COMMUNITY OUTREACH ALSO INVOLVED THE TULE RIVER NATION ELDERS AND TRIBAL COUNCIL MEMBERS IN TULARE COUNTY. EACH STAKEHOLDER WAS GIVEN THE OPPORTUNITY TO REVIEW THE KEY HEALTH INDICATORS FOR THEIR COUNTY AND THEN WAS ASKED TO RANK RESPONSES TO THE FIVE KEY QUESTIONS REVIEWED BY THE FOCUS GROUPS IDENTIFYING HEALTH NEEDS. IN ORDER TO IDENTIFY THE HEALTH NEEDS IN THIS CHNA REPORT, THE WORKGROUP AND HEALTH OFFICERS FROM EACH COUNTY'S DEPARTMENT OF PUBLIC HEALTH MET NOVEMBER 12, 2015 TO REVIEW THE SURVEY DATA AND A SUMMARY OF SECONDARY DATA ON THE HEALTH NEEDS FOR ALL FOUR COUNTIES.</p>

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A	- ADVENTIST HEALTH CENTRAL - HANFORD- ADVENTIST HEALTH CENTRAL - REEDLEY- ADVENTIST HEALTH CENTRAL - SELMA- COMMUNITY REGIONAL MEDICAL CENTER FRESNO- CLOVIS COMMUNITY MEDICAL CENTER- COALINGA REGIONAL MEDICAL CENTER- KAISER PERMANENTE FRESNO REGION - KAWEAH DELTA HEALTH CARE DISTRICT - MADERA COMMUNITY HOSPITAL - SAINT AGNES MEDICAL CENTER - SAN JOAQUIN VALLEY REHABILITATION HOSPITAL- SIERRA VIEW DISTRICT HOSPITAL- TULARE REGIONAL MEDICAL CENTER

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6B	- HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA- MADERA COUNTY PUBLIC HEALTH DEPARTMENT- CENTRO LA FAMILIA- FRESNO METRO MINISTRY

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 13H	200% OR LESS FEDERAL POVERTY GUIDELINES (FPG) - FULL CHARITABLE DISCOUNT \$0 CHARGES 201%-350% FPG - LOW INCOME DISCOUNT NO MORE THAN APPLICABLE MEDI CAL RATES IN EFFECT AT DATE OF SERVICE WHERE MEDI CAL RATES CANNOT BE DETERMINED 75% DISCOUNT FROM CHARGES 350% - HIGH MEDICAL COST DISCOUNT, INCOME FOR THE LAST 12 MONTHS DOES NOT EXCEED 350% OF FPG AND THEY HAVE NOT RECEIVED A DISCOUNTED RATE FROM THE HOSPITAL AS A RESULT OF THEIR THIRD-PARTY INSURANCE COVERAGE AND THEIR ANNUAL OUT-OF-POCKET MEDICAL EXPENSES FOR THE PRIOR 12 MONTHS EXCEED 10% OF THEIR FAMILY'S ANNUAL INCOME NO MORE THAN APPLICABLE MEDI CAL RATES IN EFFECT AT DATE OF SERVICE WHERE MEDI CAL RATES CANNOT BE DETERMINED 75% DISCOUNT FROM CHARGES 351% AND GREATER THAN FPG - PROMPT PAY DISCOUNT 25% DISCOUNT FROM CHARGES FOR PATIENTS WHO PAY THEIR BALANCE IN FULL WITHIN 30 DAYS

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16J	ADDITIONALLY THE POLICY IS SENT BY US POSTAL SERVICE TO COMMUNITY AGENCIES TO BE DISTRIBUTED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	8
3	Enter total number of other organizations listed in the line 1 table	1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIP	11	22,000			
(2) EDUCATION SCHOLARSHIP - RESPIRATORY FOCUS	2	2,000			
(3) EDUCATION SCHOLARSHIP - NEONATAL FOCUS	2	5,000			
(4) CAFETERIA MEALS	13200		81,180	FMV	MEAL COUPONS FOR PATIENT FAMILIES
(5) TAXI, BUS AND TRANSIT SERVICES	652		131,810	BOOK	SUBSIDIZATION OF BUS AND TRANSIT SERVICES
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NURSING SCHOLARSHIPS ARE DESIGNED TO HELP EMPLOYEES MEET FINANCIAL NEEDS THAT ARE NOT COVERED BY OTHER TUITION REIMBURSEMENT PROGRAMS A SCHOLARSHIP COMMITTEE REVIEWS APPLICATIONS BI-ANNUALLY BASED ON CERTAIN CRITERIA RECIPIENTS ARE CHOSEN BY THE COMMITTEE AND THE CHIEF NURSING OFFICER APPROVES THE SELECTIONS ALL RECIPIENTS ARE EMPLOYEES OF THE HOSPITAL AND THE HOSPITAL IS MADE AWARE WHEN THE RECIPIENT COMPLETES THEIR EDUCATION OTHER SERVICES ARE PURCHASED FROM VARIOUS VENDORS AND ARE SUPPLIED TO PATIENTS AND THEIR FAMILIES THE RECORDS FOR THESE PURCHASED SERVICES ARE MAINTAINED BY THE HOSPITAL

Additional Data

Software ID:
Software Version:
EIN: 94-1294954
Name: VALLEY CHILDREN'S HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUDDHIST TZU CHI MEDICAL FOUNDATION 1008 S GARFIELD AVE ALHAMBRA, CA 91801	95-4457939	501(C)(3)	8,333				SPONSORSHIP
PROFESSIONAL RESEARCH CONSULTANTS INC 11326 P ST OMAHA, NE 68137	47-0628654		8,500				COMMUNITY HEALTH NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVIS BOTANICAL GARDEN COMMITTEE INC 1865 HERNDON AVE STE K BOX 330 CLOVIS, CA 93611	77-0382551	501(C)(3)	15,000				SPONSORSHIP
SAN JOAQUIN VALLEY RIVER PARKWAY 11605 OLD FRIANT ROAD FRESNO, CA 93730	77-0196692	501(C)(3)	15,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSUF FOUNDATION PO BOX 26267 FRESNO, CA 93729	94-6003272	501(C)(3)	25,000				SPONSORSHIP
CATHOLIC CHARITIES DIOCESE OF FRESNO 149 N FULTON ST FRESNO, CA 93701	94-1678938	501(C)(3)	30,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARJAREE MASON CENTER INC 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	65,000				SPONSORSHIP
VALLEY CHILDREN'S MEDICAL GROUP 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368782	46-4150987	501(C)(3)	9,639,441				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368782	46-4150987	501(C)(3)	575,000				DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TODD SUNTRAPAK AND BEVERLY HAYDEN-PUGH FLEW BUSINESS/FIRST CLASS TO ATTEND A MEETING RELATED TO THE IMPLEMENTATION OF A NEW ELECTRONIC MEDICAL RECORD SYSTEM THAT THE ENTITY INSTALLED. NO PART OF THE EXPENSE WAS TREATED AS TAXABLE COMPENSATION TO ANY OF THE EMPLOYEES.

Return Reference	Explanation
PART I, LINE 4B	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS INCLUDE 1) A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), 2) A DEFERRED COMPENSATION PLAN FOR SELECTED EXECUTIVES AND 3) A NONCONTRIBUTORY, NONQUALIFIED DEFERRED COMPENSATION PLAN FOR A SELECT GROUP OF MANAGEMENT CALLED THE DEFINED CONTRIBUTION SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (DCSERP) AND 4) A SPLIT DOLLAR LIFE INSURANCE PROGRAM AVAILABLE TO CERTAIN KEY EXECUTIVES (SEE SCHEDULE L PART V FOR A BROADER DESCRIPTION) TODD SUNTRAPAK, BEVERLY HAYDEN-PUGH, MICHAEL GOLDRING, DAVID HODGE JR, DANIELLE BARRY, LYNNE ASHBECK, AND BRIAN SMULLIN ARE ELIGIBLE TO CONTRIBUTE TO THE DEFERRED COMPENSATION PLAN, BUT NO CONTRIBUTIONS WERE MADE \$1,879,702 WAS PAID OUT OF THE DCSERP PLAN DURING THE YEAR EMPLOYER CONTRIBUTIONS TO THE DCSERP AND THE CHANGE IN ACTUARIAL VALUE OF SERP BENEFITS FOR CALENDAR YEAR 2018 ARE AS FOLLOWS MICHELE WALDRON - DC SERP \$83,162, NOT ELIGIBLE FOR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$477,015 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT TODD SUNTRAPAK - NOT ELIGIBLE FOR DC SERP OR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$333,928 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT BEVERLY HAYDEN-PUGH - DC SERP \$67,745, CHANGE IN SERP ACTUARIAL VALUE \$0 DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$613,926 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT OTHER REPORTABLE COMPENSATION INCLUDES A PAYOUT FROM THE SERP PLAN IN THE AMOUNT OF \$829,849 JESSIE HUDGINS - DC SERP \$43,380, CHANGE IN SERP ACTUARIAL VALUE \$14,394 DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$437,158 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN DAVID CHRISTENSEN - DC SERP \$93,209, NOT ELIGIBLE FOR SERP JANE WILLSON - DC SERP \$56,523, CHANGE IN SERP ACTUARIAL VALUE \$7,147 DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$302,677 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN DAVID SINGH - DC SERP \$48,973, CHANGE IN SERP ACTUARIAL VALUE \$0 DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$39,836 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN STEPHANIE VANCE - DC SERP \$41,760, NOT ELIGIBLE FOR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$207,714 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN NATALIE PONTICELLO - DC SERP \$51,999, NOT ELIGIBLE FOR SERP MICHAEL GOLDRING - DC SERP \$70,591, NOT ELIGIBLE FOR SERP JOEL BROWNELL - DC SERP \$49,326, NOT ELIGIBLE FOR SERP KAREN DAHL - DC SERP \$58,147, NOT ELIGIBLE FOR SERP KEVIN SHIMAMOTO - DC SERP \$51,195, NOT ELIGIBLE FOR SERP DANIEL DAVIS - DC SERP \$42,220, NOT ELIGIBLE FOR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$217,551 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT DANIELLE BARRY - DC SERP \$36,081, NOT ELIGIBLE FOR SERP BRIAN SMULLIN - DC SERP \$37,132, NOT ELIGIBLE FOR SERP WILLIAM CHALTRAW - DC SERP \$60,027, NOT ELIGIBLE FOR SERP DAVID HODGE - DC SERP \$36,319, NOT ELIGIBLE FOR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$172,734 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN LYNNE ASHBECK - DC SERP \$32,363, NOT ELIGIBLE FOR SERP DEBRA FLORES - DC SERP \$8,048, NOT ELIGIBLE FOR SERP TRACY BLAIR - NOT ELIGIBLE FOR DC SERP OR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$43,221 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT KRISTINE AUBRY - NOT ELIGIBLE FOR DC SERP OR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$62,360 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO A PERSONAL IRA ACCOUNT THOMAS ORR - NOT ELIGIBLE FOR DC SERP OR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$177,885 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN YVONNE WOOD - NOT ELIGIBLE FOR DC SERP OR SERP DEFERRED COMPENSATION ALSO INCLUDES A DECREASE IN ACTUARIAL VALUE FOR THE DEFINED BENEFIT PLAN IN THE AMOUNT OF \$211,367 THE PLAN WAS TERMINATED AND THE EMPLOYEE ELECTED TO TRANSFER THE FUNDS INTO AN EMPLOYER SPONSORED PLAN</p>

Return Reference	Explanation
PART I, LINE 5	AN EXECUTIVE INCENTIVE PLAN HAS BEEN ESTABLISHED THAT ALLOWS FOR PAYMENT OF INCENTIVES BASED ON BOTH NETWORK WIDE AND INDIVIDUAL GOALS SUCH GOALS ARE RELATED TO A VARIETY OF METRICS INCLUDING REVENUE, OPERATIONAL AND QUALITY RESULTS OF THE HOSPITAL AND ITS RELATED ENTITIES THE INCENTIVE PLAN HAS BEEN APPROVED BY THE COMPENSATION COMMITTEE OF THE VALLEY CHILDREN'S HEALTHCARE BOARD OF TRUSTEES THE COMMITTEE REVIEWS THE FORECASTED PAYOUTS AT THE END OF EACH YEAR BASED ON THE FINANCIAL AND OPERATING RESULTS

Return Reference	Explanation
PART I, LINE 6	SEE EXPLANATION FOR LINE 5, ABOVE



Additional Data

Software ID:
Software Version:
EIN: 94-1294954
Name: VALLEY CHILDREN'S HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TODD SUNTRAPAK CEO	(i)	1,049,041	336,667	216,205	-317,728	27,196	1,311,381	145,530
	(ii)	0	0	0	0	0	0	0
MICHELE R WALDRON SVP, CFO	(i)	550,239	155,934	109,235	-367,753	16,318	463,973	69,875
	(ii)	0	0	0	0	0	0	0
DEBRA FLORES PRESIDENT & COO (THRU 4/19)	(i)	479,702	6,274	22,589	8,048	0	516,613	0
	(ii)	0	0	0	0	0	0	0
DAVID CHRISTENSEN SVP, MEDICAL AFFAIRS & CPE	(i)	605,524	175,680	131,681	113,909	27,196	1,053,990	100,740
	(ii)	0	0	0	0	0	0	0
BEVERLY HAYDEN-PUGH SVP, CLINICAL INT, PATIENT EXP	(i)	445,423	129,813	921,222	-520,081	10,878	987,255	897,606
	(ii)	0	0	0	0	0	0	0
MICHAEL GOLDRING PRESIDENT, VCMG	(i)	466,770	133,458	81,454	91,291	10,878	783,851	60,002
	(ii)	0	0	0	0	0	0	0
WILLIAM CHALTRAW SVP/CHIEF LEGAL OFFICER	(i)	394,834	112,393	27,891	79,909	21,757	636,784	8,367
	(ii)	0	0	0	0	0	0	0
KAREN DAHL VP, QUALITY & PATIENT SAFETY	(i)	381,493	96,721	68,804	78,829	5,439	631,286	49,303
	(ii)	0	0	0	0	0	0	0
KEVIN SHIMAMOTO VP AND CIO	(i)	353,662	89,941	87,376	71,791	5,439	608,209	64,855
	(ii)	0	0	0	0	0	0	0
NATALE PONTICELLO JR SVP, CHIEF PEOPLE OFFICER	(i)	319,402	97,501	110,551	72,699	0	600,153	62,920
	(ii)	0	0	0	0	0	0	0
JOEL BROWNELL MD VP, CHIEF MEDICAL INFO OFFICER	(i)	322,683	82,430	72,971	70,026	16,318	564,428	56,750
	(ii)	0	0	0	0	0	0	0
DAVID SINGH VP, COO OF VCMG	(i)	319,583	81,574	71,379	61,450	0	533,986	49,726
	(ii)	0	0	0	0	0	0	0
LYNNE ASHBECK SVP, COMM ENGAGEMENT & POP WELLNESS	(i)	335,283	45,176	43,938	45,833	0	470,230	32,368
	(ii)	0	0	0	0	0	0	0
DANIELLE BARRY VP, REVENUE CYCLE MGMT	(i)	264,197	61,356	18,477	48,027	21,757	413,814	18,104
	(ii)	0	0	0	0	0	0	0
BRIAN SMULLIN VP, MANAGED CARE	(i)	264,911	61,611	984	51,702	21,757	400,965	0
	(ii)	0	0	0	0	0	0	0
JOLIE LIMON VP ACAD AFFAIRS, DIO & CHIEF OF PED	(i)	313,275	55,665	1,158	20,700	2,266	393,064	0
	(ii)	0	0	0	0	0	0	0
JANE WILLSON SVP, CHIEF STRATEGY OFFICER	(i)	378,732	105,220	114,857	19,678	5,439	623,926	70,681
	(ii)	0	0	0	0	0	0	0
DAVID HODGE JR VP CLINICAL OPS & ANCILLARY SVCS	(i)	276,099	67,136	16,586	13,324	21,757	394,902	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE VANCE FINANCE, VP	(i)	263,215	68,607	57,177	-11,668	21,757	399,088	38,006
	(ii)	0	0	0	0	0	0	0
DANIEL DAVIS VP, PATIENT CARE (THRU 4/19)	(i)	266,751	70,681	63,661	-149,960	6,346	257,479	38,632
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JESSIE HUDGINS VP, FACILITIES	(i)	261,875	74,035	112,016	34,770	16,318	499,014	53,501
	(ii)	0	0	0	0	0	0	0
TRACY BLAIR EXEC DIR &DEP GEN COUNC (THRU 7/19)	(i)	235,106	40,831	5,480	-27,201	4,533	258,749	0
	(ii)	0	0	0	0	0	0	0
KRISTINE AUBRY EXEC DIREC AMB SVCS (THRU 4/19)	(i)	232,003	34,407	821	-45,364	3,173	225,040	0
	(ii)	0	0	0	0	0	0	0
THOMAS ORR SUPV PHARMACY HOME INFUSION	(i)	234,592	0	1,165	10,304	10,878	256,939	0
	(ii)	0	0	0	0	0	0	0
YVONNE WOOD MANAGER PATIENT THROUGHPUT	(i)	227,373	1,448	246	-48,191	21,757	202,633	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) TODD SUNTRAPAK	CURRENT OFFICER	SEE BELOW		X	10,434,500	10,898,042		No	Yes		Yes	
(2) MICHELE WALDRON	CURRENT OFFICER	SEE BELOW		X	8,325,373	8,578,022		No	Yes		Yes	
(3) DAVID CHRISTENSEN	CURRENT KEY EMPLOYEE	SEE BELOW		X	5,013,793	5,165,946		No	Yes		Yes	
(4) WILLIAM CHALTRAW	CURRENT KEY EMPLOYEE	SEE BELOW		X	2,014,651	2,075,790		No	Yes		Yes	
(5) MICHAEL GOLDRING	CURRENT KEY EMPLOYEE	SEE BELOW		X	5,228,683	5,369,375		No	Yes		Yes	
Total												
						▶ \$		32,087,175				

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN C	THE ORGANIZATION PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ALTERNATIVE FUNDING ARRANGEMENT THE IRS CALLS "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD) ALTHOUGH THE IRS REQUIRES REPORTING IN THE LOAN SECTION OF THE SCHEDULE L, CASD IS NOT AN ACTUAL LOAN AS NO FUNDS ARE TRANSFERRED TO THE EXECUTIVES RATHER, THE "LOAN" TREATMENT APPLIES BECAUSE AFTER THE EXECUTIVES HAVE RECEIVED RETIREMENT BENEFITS, THE ORGANIZATION RECOVERS ALL OF ITS OUTLAYS PLUS INTEREST

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	3,354,608	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE ONE I DESCRIPTION OF PROGRAM SERVICE ONE NEARLY 70 YEARS AGO, OUR FOUNDING MOTHERS HAD A DREAM TO CARE FOR CHILDREN IN A HOSPITAL AS SPECIAL AS ITS PATIENTS VALLEY CHILDREN'S HOSPITAL HAS FLOURISHED EVER SINCE, CARING FOR HUNDREDS OF THOUSANDS OF CHILDREN OUR MISSION GUIDES US AS WE TRAVEL THE ROAD TO OUR FUTURE ALONGSIDE STAFF, PHYSICIANS, CHILDREN, FAMILIES, OUR COMMUNITY AND OUR PARTNERS THROUGHOUT THE REGION MISSION THE MISSION OF VALLEY CHILDREN'S HOSPITAL IS TO PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTH CARE SERVICES TO CHILDREN REGARDLESS OF THEIR ABILITY TO PAY, AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN VISION OUR VISION CAPTURES THE PATH WE'VE TRAVELED AND SHOWCASES OUR COMMITMENT AND PASSION TO BE THE BEST OUR CLEAR FOCUS IS TO CONTINUE TO PROVIDE THE BEST CARE AND THE BEST QUALITY PEDIATRIC SERVICES AVAILABLE ANYWHERE WITH A VISION TO BECOME THE NATION'S BEST CHILDREN'S HOSPITAL CORE VALUES THE FOLLOWING CORE ORGANIZATIONAL VALUES GUIDE THE INVESTMENTS AND SUPPORT PROVIDED BY VALLEY CHILDREN'S HOSPITAL'S COMMUNITY BENEFITS PROGRAM EXCELLENCE - WE DEPEND ON EXCEPTIONAL PEOPLE TO PROVIDE EXCEPTIONAL QUALITY HEALTH CARE AND SERVICES THROUGHOUT VALLEY CHILDREN'S HOSPITAL WE SET HIGH STANDARDS AND WE SUPPORT EACH OTHER AS WE STRIVE TO ACHIEVE THEM WE INVEST IN EACH OTHER AND WE VALUE THE INDIVIDUAL AND CULTURAL DIFFERENCES THAT MAKE US STRONG WE ARE PROUD OF OUR SUPERIOR SERVICES AS MEASURED BY QUALITY OUTCOMES COMPASSIONATE CARE - WE TREAT EVERY CHILD, EVERY FAMILY, EACH OTHER, OUR VISITORS AND OUR VENDORS WITH RESPECT, KINDNESS, HOPE, JOY AND GOOD HUMOR WE DISPLAY OUR HELPFUL, HEALING, FAMILY-CENTERED SPIRIT AT EVERY OPPORTUNITY WE RECOGNIZE THE IMPORTANCE OF PLAYFULNESS IN HUMAN INTERACTION AND IN THE HEALTH OF CHILDREN WE LOOK FOR WAYS TO EASE SUFFERING AND PROVIDE COMFORT INTEGRITY - WE ARE HONEST, ETHICAL AND RESPONSIBLE IN OUR WORK AND IN THE WAY WE DEAL WITH OTHERS WE KEEP OUR PROMISES AND ADMIT OUR MISTAKES WE KNOW OURSELVES AND WE AVOID HIDDEN AGENDAS BY THE WAY WE LIVE OUR LIVES EVERYDAY, WE ARE WORTHY OF THE TRUST PEOPLE PLACE IN US INNOVATION - WE EMBRACE CHANGE, CREATIVITY, CONTINUOUS LEARNING AND PERSONAL GROWTH WE INCORPORATE NEW IDEAS, TECHNOLOGY AND METHODS TO IMPROVE THE HEALTH CARE AND SERVICES WE PROVIDE WE ANTICIPATE FUTURE TRENDS AND WE CREATE STRATEGIC PLANS TO INSURE FUTURE GROWTH AND CONTINUED VITALITY COLLABORATION - WE BUILD ENDURING INTERNAL AND EXTERNAL RELATIONSHIPS, JOINING WITH COLLEAGUES ACROSS ORGANIZATIONAL BOUNDARIES TO IMPROVE THE CARE AND SERVICES WE PROVIDE WE ENCOURAGE AND REWARD BOTH INDIVIDUAL AND TEAM ACHIEVEMENTS WE PUT THE COMMON GOOD AHEAD OF NARROW INTERESTS STEWARDSHIP - WE ARE RESOURCEFUL, ADAPTABLE AND RESILIENT WE HAVE A "CAN DO" ATTITUDE THAT GETS THE JOB DONE WE ARE FISCALLY RESPONSIBLE AND EFFICIENT WITH OUR TIME WE PROTECT OUR RESERVES AND MANAGE OUR OPERATING COSTS IN OR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>DER TO INVEST IN THE NEXT GENERATION OF KIDS WE ARE EACH PERSONALLY DEDICATED TO MAKING V ALLEY CHILDREN'S HOSPITAL BETTER BECAUSE WE WERE HERE COMMITMENT TO THE COMMUNITY VALLEY CHILDREN'S IS CENTRAL CALIFORNIA'S ONLY HIGH-QUALITY, COMPREHENSIVE HEALTH CARE NETWORK DE DICATED TO CHILDREN, FROM BEFORE BIRTH TO YOUNG ADULTHOOD, AS WELL AS TO HIGH RISK PREGNAN T WOMEN, AND AS SUCH PLAYS A VITAL ROLE IN MEETING THE HEALTH CARE NEEDS OF SOME OF OUR RE GION'S SICKEST AND MOST MEDICALLY VULNERABLE RESIDENTS VALLEY CHILDREN'S NETWORK IS ANCHO RED BY A 330-BED STAND-ALONE CHILDREN'S HOSPITAL IN MADERA PLUS THREE NEONATAL UNITS (28 B EDS IN TOTAL) LOCATED ACROSS CENTRAL CALIFORNIA IN ADDITION, VALLEY CHILDREN'S NETWORK IN CLUDES PEDIATRIC SPECIALTY CARE CENTERS, PEDIATRIC PRIMARY CARE PRACTICES, AN URGENT CARE CENTER AND WOMEN'S HEALTH SERVICES LOCATED STRATEGICALLY THROUGHOUT THE REGION TO BEST MEE T THE NEEDS OF CHILDREN AND THEIR FAMILIES VALLEY CHILDREN'S CONSISTENTLY RANKS AT THE TO P OF ITS PEER GROUP FOR QUALITY PATIENT OUTCOMES AS EVIDENCED BY ITS DESIGNATION BY THE LE AP FROG GROUP IN 2019 AS ONE OF THE NATION'S TOP 10 CHILDREN'S HOSPITALS FOR EXCELLENCE IN PATIENT SAFETY AND QUALITY, ITS MAGNET DESIGNATION FOR NURSING EXCELLENCE, ITS BEACON AWA RD FOR EXCELLENCE IN CRITICAL CARE, AND ITS U S NEWS AND WORLD REPORT RECOGNITION IN 2019 AS ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS FOR NEONATOLOGY, PEDIATRIC ORTHOPEDICS, PEDIATRIC DIABETES & ENDOCRINOLOGY, PEDIATRIC GASTROENTEROLOGY & GASTROINTESTINAL SURGERY, AND PEDIATRIC UROLOGY WHILE PROVIDING EXCEPTIONAL CARE IS THE SINGLE GREATEST CONTRIBUTI ON THE HOSPITAL MAKES FOR OUR CHILDREN AND THEIR FAMILIES, THE HOSPITAL ALSO APPRECIATES T HAT IT IS UNIQUELY POSITIONED TO SUPPORT THE NEEDS OF CHILDREN IN OTHER WAYS AS WELL AS A N EXTENSION OF THE HOSPITAL'S MISSION AND VISION, THE GOAL OF VALLEY CHILDREN'S HOSPITAL'S COMMUNITY BENEFITS PROGRAM IS TO ADVANCE THE HEALTH AND WELLBEING OF UNDERSERVED, MEDICAL LY NEEDY CHILDREN THROUGH COLLABORATION AND COMMON CONCERN II SERVICE AREA DEMOGRAPHICS AND PATIENT VOLUME SERVICE AREA DEMOGRAPHICS AS THE ONLY PEDIATRIC SPECIALTY HOSPITAL LOCA TED IN CENTRAL CALIFORNIA, VALLEY CHILDREN'S HOSPITAL'S SERVICE AREA EXTENDS FROM SAN JOAQ UIN COUNTY IN THE NORTH TO KERN COUNTY IN THE SOUTH, AND SERVES MUCH OF THE CENTRAL COAST AND EASTERN AS WELL VALLEY CHILDREN'S HOSPITAL'S PATIENT VOLUME IN 2019, VALLEY CHILDREN' S HOSPITAL HAD 12,139 INPATIENT CASES, 108,335 EMERGENCY DEPARTMENT VISITS AND A COMBINED 305,096 HOSPITAL BASED OUTPATIENT SPECIALTY CARE CENTER, REGIONAL SPECIALTY CARE CENTER, P RIMARY CARE CENTER, AND URGENT CARE VISITS MEDI-CAL COVERED 75% OF THE HOSPITAL'S TOTAL I NPATIENT DAYS AND 77% OF TOTAL OUTPATIENT VISITS AT THE HOSPITAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>III COMMUNITY BENEFITS PROGRAM ACCORDING TO THE CATHOLIC HEALTH ASSOCIATION, COMMUNITY BENEFITS ARE GENERALLY DEFINED AS THOSE ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, AND MEET AT LEAST ONE OF THE FOLLOWING OBJECTIVES - IMPROVE ACCESS TO HEALTH CARE SERVICES - ENHANCE HEALTH OF THE COMMUNITY - ADVANCE MEDICAL OR HEALTH CARE KNOWLEDGE - RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR PRIVATE, COMMUNITY-BASED EFFORTS ALSO INCLUDED IN THE DEFINITION IS THE PROVISION OF CHARITY CARE AND THE UNREIMBURSED COST OF PROVIDING HEALTH CARE SERVICES TO THOSE ENROLLED IN PUBLIC PROGRAMS, INCLUDING MEDICAL IN FY 2019, VALLEY CHILDREN'S HOSPITAL PROVIDED COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS WITHIN ITS SERVICE AREA A SUMMARY OF THE HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS IN 2019 *COMMUNITY HEALTH EDUCATION CLINICAL PARTNERSHIPS VALLEY CHILDREN'S CLINICAL PARTNERSHIP PROGRAM BRINGS TOGETHER INSTITUTIONS FOCUSED ON ENHANCING NEONATAL AND PEDIATRIC CARE, REGARDLESS IF THE ILL OR INJURED CHILD BECOMES A VALLEY CHILDREN'S PATIENT THIS EFFORT HELPS PREVENT CHILDREN FROM BEING TRANSFERRED OR REFERRED UNNECESSARILY TO VALLEY CHILDREN'S, AS WELL AS POTENTIALLY IDENTIFIES EARLIER WHEN A CHILD NEEDS ADVANCED PEDIATRIC CARE WITH IMPROVED COMMUNICATION AND TOOLS, WE DECREASE STRESS FOR PATIENTS AND FAMILIES AND INCREASE PROVIDER CONFIDENCE IN PROVIDING PEDIATRIC CARE, WHILE ENHANCING PERFORMANCE AT BOTH INSTITUTIONS THE GOALS OF OUR CLINICAL PARTNERSHIPS INCLUDE PROVIDING -IMPROVED QUALITY AND CONFIDENCE IN PROVIDING PEDIATRIC CARE -MORE CARE DELIVERED CLOSER TO HOME -ENHANCED, COORDINATED CARE IN 2019, VALLEY CHILDREN'S SUPPORTED 16 INPATIENT CLINICAL PARTNERS AND 2 OUTPATIENT CLINICAL PARTNERS INJURY PREVENTION VALLEY CHILDREN'S OPERATES AN INJURY PREVENTION PROGRAM TO INCREASE COMMUNITY AWARENESS OF CHILDHOOD INJURIES AND THOSE MEASURES THAT CAN BE TAKEN TO DECREASE THEIR PREVALENCE THROUGHOUT CENTRAL CALIFORNIA IN FY2019, THE PROGRAM RECORDED 14,132 CONTACTS WITH CHILDREN, PARENTS, HEALTHCARE PROFESSIONALS AND OTHERS AT 113 DIFFERENT COMMUNITY, MEDIA, AND PROFESSIONAL EVENTS, COVERING THE FOLLOWING TOPICS CHILD PASSENGER SAFETY, ABUSIVE HEAD TRAUMAS, SAFE SLEEP, TRAUMATIC BRAIN INJURY (HELMET SAFETY), HALLOWEEN SAFETY, POISON PREVENTION, RESPONDING TO A BLEEDING EMERGENCY, DRIVER SAFETY AWARENESS (INCLUDING DRUNK/DISTRACTED DRIVING), BABY BASICS, MEDICATION SAFETY, CHOKING PREVENTION, HOME SAFETY, CONCUSSION PREVENTION AND MANAGEMENT, BICYCLE SAFETY, PEDIATRIC TRAUMA, WATER SAFETY AND SUICIDE PREVENTION REGARDING BICYCLE SAFETY, VALLEY CHILDREN'S DISTRIBUTED 582 BICYCLE HELMETS TO CHILDREN AND FAMILIES WHOSE EXISTING HELMETS DID NOT MEET MINIMUM SAFETY STANDARDS OR WHO DID NOT HAVE HELMETS AT ALL REGARDING CAR SEAT SAFETY, VALLEY CHILDREN'S CONDUCTED SAFETY CHECKS ON 579 CAR SEATS AND DISTRIBUTED 298 CAR SEATS TO FAMILIES WHOSE EXISTING CAR SEATS DID NOT MEET MINIMUM SAFE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TY STANDARDS OR WHO SIMPLY DID NOT HAVE A CAR SEAT AND NEEDED ONE MEETING THE NEEDS OF ME DICALLY COMPLEX CHILDREN VALLEY CHILDREN'S RECOGNIZES THE CRITICAL ROLE THAT COMMUNITY-BAS ED PROVIDERS AND ORGANIZATIONS PLAY IN MEETING THE NEEDS OF MEDICALLY COMPLEX CHILDREN AND IS COMMITTED TO MAKING SURE THEY HAVE THE CLINICAL SKILLS TO TAKE CARE OF THIS PATIENT PO PULATION THE HOSPITAL PROVIDED OUTREACH EDUCATION TO HOSPITAL STAFF AND COMMUNITY-BASED O RGANIZATIONS TO MAKE SURE THEY HAVE THE CLINICAL EXPERTISE NEEDED TO CARE FOR MEDICALLY CO MPLEX CHILDREN, INCLUDING CHILDREN WITH TRACHEOSTOMIES AND VENTILATORS ADAPTIVE SPORTS PR OGRAM VALLEY CHILDREN'S ADAPTIVE SPORTS PROGRAM PROVIDES FREE RECREATIONAL AND ATHLETIC EX PERIENCES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH DISABILITIES, REGARDLESS OF WHET HER THEY HAVE BEEN OR CURRENTLY ARE PATIENTS AT VALLEY CHILDREN'S THE ONLY ONE OF ITS KIN D IN CENTRAL CALIFORNIA, THE PROGRAM IS DESIGNED FOR INDIVIDUALS WITH PHYSICAL IMPAIRMENTS AND CONDITIONS RANGING FROM CEREBRAL PALSY TO SPINAL CORD INJURIES DISABLED YOUTH UP TO AGE 21 ARE ESPECIALLY ENCOURAGED TO ATTEND * HEALTH CARE SUPPORT SERVICES VALLEY CHILDREN 'S PROVIDED HEALTH CARE SUPPORT SERVICES TO HELP ADDRESS THE HEALTH CARE NEEDS OF CHILDREN AND THEIR FAMILIES, AT HOME, AT SCHOOL, AND IN THE COMMUNITY CHILD ABUSE PREVENTION THE GUILDS OF VALLEY CHILDREN'S HOSPITAL CHILD ABUSE PREVENTION AND TREATMENT CENTER'S MISSION IS TO PROVIDE COMPREHENSIVE SERVICES TO CHILDREN, DEPENDENT ADULTS AND THEIR FAMILIES THR OUGH A MULTIDISCIPLINARY, CHILD-FRIENDLY PROGRAM, AND TO MEET THE PHYSICAL AND EMOTIONAL N EEDS OF VICTIMS WITH ABUSE CONSIDERATIONS THE CENTER'S VISION IS TO BE THE PREMIER PROVID ER IN CENTRAL CALIFORNIA FOR DIAGNOSTIC PHYSICAL ABUSE ASSESSMENTS, FOSTER CARE MEDICAL CL EARANCE EXAMINATIONS AND PEDIATRIC SEXUAL ASSAULT EVALUATIONS, INCLUDING CHILDREN WHO HAVE BEEN VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION ADDITIONALLY, THE CENTER'S PROVIDERS, KNO WN AS THE CHILD ADVOCACY TEAM, REGULARLY TESTIFY IN BOTH DEPENDENCY AND CRIMINAL COURTS TH ROUGHTOUT THE VALLEY THE CENTER IS RECOGNIZED IN CENTRAL CALIFORNIA AND AROUND THE STATE AS A LEADER IN ADVOCACY,INJURY PREVENTION, CLINICAL RESEARCH AND ACADEMIC TRAINING IN FY20 18, THE CENTER BECAME A MEMBER OF THE CHILD ADVOCACY CENTERS OF CALIFORNIA, CENTRAL CHAPTE R MEMBERSHIP PROVIDES A NUMBER OF BENEFITS AND OPPORTUNITIES TO EXPAND EFFORTS IN CHILD A BUSE PREVENTION AND TREATMENT ACCORDING TO THE REPORT "CHILD MALTREATMENT 2018," AN ESTIM ATED 4 3 MILLION REFERRALS INVOLVING THE SUSPECTED MALTREATMENT OF ABOUT 7 8 MILLION CHILD REN WERE MADE TO CHILD PROTECTIVE SERVICES (CPS) AGENCIES IN THE UNITED STATES IN 2018 TH IS IS AN INCREASE OF APPROXIMATELY 16 4% REFERRALS FROM 2014 IN CALIFORNIA, AN ESTIMATED 408,666 SUSPECTED CHILD MALTREATMENT REPORTS WERE COMPLETED, OF WHICH ABOUT 84,231 REPORTS CAME FROM VALLEY CHILDREN'S SERVICE AREA THE CENTER INCLUDES THE CHILD ADVOCACY CLINIC, WHICH OPERATES FIVE DAYS A WEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>K AND SEES APPROXIMATELY 1,000 CHILDREN EACH YEAR CENTER PROVIDERS ALSO ARE AVAILABLE SEVEN DAYS A WEEK, 24 HOURS A DAY FOR EMERGENCY COVERAGE THE CENTER INCLUDES AN INPATIENT COMPONENT THAT EVALUATES ABOUT 100 CHILDREN YEARLY IN THE PEDIATRIC EMERGENCY DEPARTMENT, ACUTE-CARE FLOORS AND PEDIATRIC INTENSIVE CARE UNIT THESE CHILDREN ARE EVALUATED FOR SUSPECTED PHYSICAL ABUSE, SEXUAL ABUSE AND NEGLECT THE STAFF INCLUDES CHILD ABUSE PEDIATRICIANS , NURSE PRACTITIONERS SPECIALIZED IN CHILD MALTREATMENT, FORENSIC NURSES, SOCIAL WORKERS, FORENSIC INTERVIEWERS, A CENTER COORDINATOR, A LICENSED MENTAL HEALTH PROVIDER AND SUPPORT STAFF IN ADDITION TO THE CLINICAL SERVICES OFFERED BY THE CENTER, A MULTI-DISCIPLINARY INTERVIEWING CENTER IS ALSO AVAILABLE FOR VICTIMS OR WITNESSES OF CRIMES FORENSIC INTERVIEWING SERVICES ARE REQUESTED BY LAW ENFORCEMENT AND/OR CPS THE PURPOSE OF THE FORENSIC INTERVIEWING PROGRAM COMPONENT IS TO REDUCE THE NUMBER OF INTERVIEWS AND DECREASE THE NUMBER OF INDIVIDUALS WHO WILL TALK TO THE VICTIM THE CENTER STRIVES TO PROVIDE A WELCOMING, CHILD-FRIENDLY ENVIRONMENT WHERE CHILDREN/DEPENDENT ADULTS CAN FEEL SAFE AND BE INTERVIEWED BY A TRAINED PROFESSIONAL THERE IS ONGOING COLLABORATION WITH EXTERNAL COMMUNITY PARTNERS AND OTHER HOSPITAL SERVICES INCLUDING SUBSPECIALTY CLINICS, PATIENT AND FAMILY SERVICES, INTERPRETER SERVICES, RADIOLOGY, DIAGNOSTIC CLINICAL LABORATORIES, CHILD LIFE SERVICES AND PASTORAL CARE THE CENTER WORKS CLOSELY WITH LAW ENFORCEMENT, CPS AND DISTRICT ATTORNEYS' OFFICES IN THEIR INVESTIGATIVE EFFORTS OF CHILD MALTREATMENT COLLABORATIVE EFFORTS INCLUDE CASE CONSULTATION AND MONTHLY SUSPECT CHILD ABUSE AND NEGLECT (SCAN) MEETINGS FACILITATED BY OUR CHILD ADVOCACY CLINIC IN AN EFFORT TO TRACK, MONITOR AND ADVOCATE FOR THE HEALTH AND SAFETY OF AT-RISK CHILDREN THROUGHOUT THE VALLEY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>FOR PREVENTION EDUCATION, THE CENTER COLLABORATES WITH INTERNAL AND EXTERNAL PARTNERS TO PROVIDE EDUCATION TO PARENTS, CAREGIVERS, HEALTHCARE PERSONNEL, TEACHERS AND MANDATED REPORTERS OF SUSPECTED CHILD MALTREATMENT THESE PARTNERS INCLUDE VALLEY CHILDREN'S TRAUMA DEPARTMENT'S INJURY PREVENTION TEAM, SAFE KIDS, CHILD ABUSE PREVENTION COUNCILS OF CALIFORNIA, COMPREHENSIVE YOUTH SERVICES, CPS, EXCEPTIONAL PARENTS UNLIMITED, SEXUAL ASSAULT RESPONSE TEAMS (SART) AND COUNCIL PUBLIC HEALTH DEPARTMENTS ENROLLMENT IN HEALTH INSURANCE VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM, OR THE VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED THE FAMILY WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES FOOD FOR FAMILIES VALLEY CHILDREN'S DIETARY DEPARTMENT PROVIDED MEAL COUPONS TO BREAST-FEEDING MOMS WHOSE INFANTS WERE AT VALLEY CHILDREN'S ADDITIONALLY, THROUGH A PROGRAM CALLED MEALS OF THE HEART, WHICH IS SPONSORED BY RONALD MCDONALD CHARITIES OF CENTRAL CALIFORNIA, VALLEY CHILDREN'S SOCIAL WORK TEAM PROVIDED PATIENTS' FAMILIES WITH MEAL COUPONS WHEN THEY ARRIVED AND WERE NOT PREPARED FOR A LONG STAY AT THE HOSPITAL THE SOCIAL WORK TEAM ALSO WORKS CLOSELY WITH THE CALIFORNIA CHILDREN'S SERVICES PROGRAM TO PROVIDE FOOD FOR ELIGIBLE FAMILIES VALLEY CHILDREN'S ALSO RECEIVED SUPPORT FROM A NUMBER OF OTHER ORGANIZATIONS, INCLUDING THE MENDIBURU MAGIC FOUNDATION BASED IN BAKERSFIELD, THE ROMAN CATHOLIC DIOCESE OF FRESNO, THE SWEET NECTAR SOCIETY, AND WESTLEY UNITED METHODIST CHURCH IN FRESNO THAT EITHER DONATED FOOD TO VALLEY CHILDREN'S TO DISTRIBUTE TO NEEDY FAMILIES OR DONATED CASH TO GIVE TO FAMILIES TO PURCHASE FOOD TRANSPORTATION GIVEN THE CENTRAL VALLEY'S LARGELY RURAL LANDSCAPE AND HIGH CONCENTRATION OF POVERTY, TRANSPORTATION HAS LONG BEEN A CHALLENGE FOR MANY FAMILIES VALLEY CHILDREN'S CONTINUES TO WORK WITH THE COMMUNITY TO IMPROVE PUBLIC TRANSPORTATION AND ACCESS TO CARE VALLEY CHILDREN'S SOCIAL WORK DEPARTMENT ASSISTED FAMILIES WITH TRANSPORTATION BY PROVIDING GAS CARDS, TAXI VOUCHERS, AM TRAK TICKETS AND BUS TOKENS VALLEY CHILDREN'S ALSO SUBSIDIZED BUS AND OTHER PUBLIC TRANSIT SERVICES FROM THE CITY OF FRESNO AND KINGS COUNTY *SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES VALLEY CHILDREN'S SUPPORTED A NUMBER OF PROGRAMS AND ACTIVITIES TO IMPROVE THE CAPACITY OF COMMUNITIES TO PROMOTE HEALTH AND WELLNESS AMONG CHILDREN CHILDHOOD OBESITY PREVENTION HIGH RATES OF CHILDHOOD OBESITY CONTINUE TO CREATE SIGNIFICANT CHALLENGES FOR CHILDREN AND THEIR FAMILIES THROUGHOUT VALLEY CHILDREN'S SERVICE AREA TO HELP REVERSE THIS TREND, VALLEY CHILDREN'S FOCUSED ITS EFFORTS IN 2019 IN TWO SIGNIFICANT AREAS FOOD INSECURITY AND ESTABLISHING A REGIONAL AGENDA TO ADDRESS THE ISSUE FOOD INSECURITY AS A CRITICAL SOCIAL DETERMINANT OF HEALTH</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>H, FOOD INSECURITY IMPACTS THE HEALTH AND WELL-BEING OF OUR PATIENTS AND FAMILIES CHILDREN WHO ARE FOOD INSECURE LACK ACCESS TO AFFORDABLE AND HEALTHY FOODS, WHICH LEADS TO ADVERSE HEALTH OUTCOMES INCLUDING INCREASED OBESITY RATES ADDRESSING FOOD INSECURITY WITHIN THE HEALTHCARE SETTING PROVIDES VALLEY CHILDREN'S THE ABILITY TO FURTHER FOSTER THE HEALTH OF OUR PATIENTS AND COMMUNITIES IN EARLY 2019, VALLEY CHILDREN'S IMPLEMENTED A PRESCRIPTION FOR FOOD PROGRAM AT ITS MERCED OLIVEWOOD PEDIATRICS PRACTICE WITH FUNDING FROM THE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH, VALLEY CHILDREN'S PRIMARY CARE PROVIDERS IN MERCED SCREEN CHILDREN FOR FOOD INSECURITY USING A SIMPLE SURVEY DEVELOPED BY THE AMERICAN ACADEMY OF PEDIATRICS A FAMILY IS DETERMINED TO BE FOOD INSECURE IF, DURING THE LAST 12 MONTHS, THE Y WORRIED ABOUT NOT HAVING ENOUGH MONEY TO BUY FOOD OR THEY RAN OUT OF FOOD AND DID NOT HAVE ENOUGH MONEY TO BUY MORE FOR CHILDREN AND FAMILIES FOUND TO BE FOOD INSECURE, OUR PROVIDERS HAND THE FAMILIES A "PRESCRIPTION FOR FOOD" VOUCHER, WHICH ENTITLES THEM TO RECEIVE A FREE 30-POUND BOX OF NUTRITIOUS AND HEALTHY FOODS FROM THE MERCED COUNTY FOOD BANK ON A MONTHLY BASIS FOR 12 MONTHS THROUGH THE PRESCRIPTION FOR FOOD PROGRAM IN 2019, PROVIDERS AT OLIVEWOOD PEDIATRICS SCREENED A TOTAL OF 1,398 PATIENTS, 328 WERE DETERMINED TO BE FOOD INSECURE BASED ON FOOD REDEMPTION NUMBERS REPORTED BY THE MERCED COUNTY FOOD BANK, A TOTAL OF 1,790 INDIVIDUALS (THE 328 CHILDREN PLUS THEIR FAMILY MEMBERS) RECEIVED FREE FOOD THROUGH THE PROGRAM IN ADDITION, VALLEY CHILDREN'S PARTNERED WITH VALLARTA SUPERMARKET IN FRESNO DURING THE SUMMER OF 2019 TO PROMOTE ACCESS TO HEALTHY FOODS THROUGH THE PROGRAM, CHILDREN WHO WERE SHOPPING WITH THEIR FAMILIES AT ANY ONE OF THREE PARTICIPATING VALLARTA SUPERMARKET LOCATIONS WERE OFFERED FREE FRUIT GIVEN THAT MANY CHILDREN RELY ON MEALS PROVIDED BY SCHOOLS FOR MUCH OF THEIR FOOD INTAKE, VALLEY CHILDREN'S FELT IT WAS IMPORTANT TO MAKE HEALTHY FOOD AVAILABLE DURING THE SUMMER MONTHS WHEN MOST CHILDREN ARE NOT AT SCHOOL IN 2019, VALLEY CHILDREN'S FORMALLY LAUNCHED "COMMUNITIES FOR HEALTHY KIDS," A MULTI-SECTOR REGIONAL INITIATIVE THAT ALIGNS AND SUPPORTS EXISTING PARTNERSHIPS TO REDUCE CHILDHOOD OBESITY IN FRESNO, KINGS, AND MADERA COUNTIES THROUGH EDUCATION, ADVOCACY AND THE COORDINATED IMPLEMENTATION OF IDENTIFIED STRATEGIES THE INITIATIVE IS COMMITTED TO INCREASING ACCESS TO AND CONSUMPTION OF HEALTHY FOODS, INCREASING ACCESS TO AND CONSUMPTION OF CLEAN DRINKING WATER, AND INCREASING OPPORTUNITIES FOR AND PARTICIPATION IN PHYSICAL ACTIVITY TO HELP ADVANCE THESE GOALS, THE INITIATIVE ENCOURAGES THE ADOPTION OF EVIDENCE-BASED APPROACHES TO PROMOTING HEALTHY CHILD WEIGHT ACROSS THE FOLLOWING EIGHT SECTORS AGRICULTURE, BUSINESS, COMMUNITY-BASED ORGANIZATIONS, EARLY CHILDHOOD, GOVERNMENT, HEALTHCARE, MEDIA AND SCHOOLS EARLY CHILD DEVELOPMENT AND CARE COORDINATION VALLEY CHILDREN'S PARTICIPATED IN A NUMBER OF INITIATIVES SUPPORTING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE HEALTHY DEVELOPMENT OF CHILDREN BOTH DURING PREGNANCY AND INTO THE FIRST 3-5 YEARS OF LIFE EXAMPLES INCLUDE THE FOLLOWING FRESNO COUNTY PRE-TERM BIRTH INITIATIVE FRESNO COUNTY HAS ONE OF CALIFORNIA'S HIGHEST RATES OF PREMATURE BIRTH WITH 1 OUT OF EVERY 9 BABIES BORN TOO EARLY PREMATURE BIRTH CAN CAUSE SERIOUS PHYSICAL AND MENTAL DISABILITIES, OR EVEN DEATH, BEFORE THE BABY'S FIRST BIRTHDAY OVER A 10-YEAR PERIOD, THE FRESNO COUNTY PRE-TERM BIRTH INITIATIVE IS WORKING TO IMPROVE THE HEALTH OF FRESNO MOTHERS AND REDUCE THE RATE OF PREMATURE BABIES USING AN APPROACH CALLED COLLECTIVE IMPACT, PARTNERS ACROSS MANY SECTORS HAVE COME TOGETHER TO CREATE CHANGE IN FRESNO COUNTY VALLEY CHILDREN'S HAS BEEN AN ACTIVE PARTICIPANT IN THIS INITIATIVE, WITH VALLEY CHILDREN'S SENIOR VICE PRESIDENT FOR COMMUNITY ENGAGEMENT AND POPULATION WELLNESS SERVING AS CHAIR OF THE INITIATIVE'S STEERING COMMITTEE CRADLE TO CAREER BOTH FRESNO AND STANISLAUS COUNTIES HAVE BEGUN FORMAL CRADLE TO CAREER INITIATIVES FOR THE PURPOSE OF COVENING PUBLIC AND PRIVATE SECTOR STOCKHOLDERS TO WORK TOGETHER TO IMPROVE OUTCOMES FOR CHILDREN'S IN THEIR COMMUNITIES, FROM PRE-CONCEPTION TO COLLEGE AND/OR VOCATIONAL TRAINING VALLEY CHILDREN'S PARTICIPATES IN BOTH INITIATIVES AND HAS BEEN A STRONG VOICE FOR THE INCLUSION OF OUTCOMES AND INDICATORS FOCUSED ON CHILD HEALTH AND WELLNESS HELP ME GROW FRESNO AND KERN COUNTIES HELP ME GROW IS A COORDINATED SYSTEM OF EARLY IDENTIFICATION AND REFERRAL FOR CHILDREN AGES 0-5 WHO ARE AT RISK FOR DEVELOPMENTAL DELAYS IN FY2019, VALLEY CHILDREN'S SUPPORTED THE IMPLEMENTATION OF HELP ME GROW IN ITS PEDIATRIC PRIMARY CARE PRACTICES IN FRESNO AND KERN COUNTIES BY PROMOTING THE USE OF A SPECIFIC DEVELOPMENTAL ASSESSMENT AND SCREENING TOOL THAT IS PART OF THE HELP ME GROW MODEL MARCH OF DIMES VALLEY CHILDREN'S PARTNERED CLOSELY WITH THE MARCH OF DIMES TO ADVOCATE ON BEHALF OF POLICIES AT THE STATE AND FEDERAL LEVEL THAT PROMOTE HEALTHY PREGNANCIES AND HEALTHY BABIES ADDITIONALLY, VALLEY CHILDREN'S DIRECTOR OF COMMUNITY AND GOVERNMENT RELATIONS CHAIRED THE MARCH OF DIMES OF CALIFORNIA'S ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE AND VALLEY CHILDREN'S DIRECTOR FOR CLINICAL CARE SERVED ON THE MARCH OF DIMES CENTRAL VALLEY DIVISION BOARD OF DIRECTORS IN FY2019</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>BEHAVIORAL HEALTH BEHAVIORAL HEALTH IS ONE OF THE MOST PRESSING NEEDS FACING CHILDREN IN CALIFORNIA CHILDREN LIVING IN VALLEY CHILDREN'S SERVICE AREA ARE PARTICULARLY UNDERSERVED DUE TO THE GEOGRAPHY, PROVIDER SHORTAGES, AND LIMITED COMMUNITY-BASED SERVICES IN 2019, VALLEY CHILDREN'S DEMONSTRATED ITS COMMITMENT TO MEETING THE BEHAVIORAL HEALTH NEEDS OF CHILDREN IN A NUMBER OF WAYS, INCLUDING THOSE LISTED BELOW COMMUNITY-BASED EDUCATION AND OUTREACH AT THE LOCAL LEVEL, VALLEY CHILDREN'S STAFF PROVIDED TEEN SUICIDE PREVENTION EDUCATION TO STUDENTS AND STAFF AT AREA HIGH SCHOOLS IN ADDITION, VALLEY CHILDREN'S STAFF EITHER LED OR PARTICIPATED IN A NUMBER OF COMMUNITY-BASED INITIATIVES, INCLUDING SERVING AS MEMBERS OF THE FRESNO SUICIDE PREVENTION COLLABORATIVE AND THE MADERA COUNTY SUICIDE EDUCATION AND AWARENESS COLLABORATIVE, AS WELL AS CHAIRING COMMUNITY CONVERSATIONS, A COMMUNITY-WIDE PARTNERSHIP ADDRESSING ISSUES OF BEHAVIORAL HEALTH, HOMELESSNESS AND THEIR IMPACT ON FAMILIES VALLEY CHILDREN'S ALSO PROVIDED EDUCATION AND RESOURCES FOR COMMUNITY STAKEHOLDERS, INCLUDING CONTINUING MEDICAL EDUCATION FOR COMMUNITY-BASED PROVIDERS IN COLLABORATION WITH THE AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 1 MENTAL HEALTH ACCESS TASK FORCE REGIONAL CAPACITY IN SEPTEMBER 2019, VALLEY CHILDREN'S ANNOUNCED A PARTNERSHIP WITH UNIVERSAL HEALTH SERVICES (UHS), ONE OF THE NATION'S LARGEST AND MOST RESPECTED PROVIDERS OF HOSPITAL AND HEALTHCARE SERVICES UNDER THE PARTNERSHIP, UHS WILL CONSTRUCT, OWN AND OPERATE AN 81,600-SQUARE-FOOT, 128-BED BEHAVIORAL HEALTH HOSPITAL FOR CHILDREN AND ADULTS IMMEDIATELY ADJACENT TO THE VALLEY CHILDREN'S HOSPITAL CAMPUS IN MADERA THE FACILITY WILL INCLUDE A 24-BED INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS, AGES 5 -17, REPRESENTING A 49% INCREASE IN AVAILABLE BEDS FOR KIDS FROM KERN TO SAN JOAQUIN COUNTIES THE HOSPITAL IS EXPECTED TO OPEN IN 2023 WHILE THE PERMITTING AND CONSTRUCTION PROCESS GETS UNDERWAY, UHS WILL WORK CLOSELY WITH VALLEY CHILDREN'S TO INVEST RESOURCES IN MEETING IMMEDIATE BEHAVIORAL HEALTH NEEDS, ESTABLISHING ADDITIONAL TELE-PSYCHIATRY SERVICES IN SUPPORT OF OUR HOSPITAL AND PRIMARY CARE SERVICES, AND DEVELOPING A NEW PSYCHIATRY RESIDENCY PROGRAM IN THE REGION STATEWIDE ADVOCACY AT THE STATE LEVEL, VALLEY CHILDREN'S STAFF SERVED AS VICE CHAIR OF CALIFORNIA'S MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION AND HELPED SUCCESSFULLY ADVOCATE FOR AN INCREASE IN MEDI-CAL COVERAGE FOR POSTPARTUM DEPRESSION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE TWO COMMITMENT TO MEDI-CAL - VALLEY CHILDREN'S HOSPITAL'S COMMITMENT TO SERVING ITS COMMUNITY IS EVIDENCED BY THE LARGE NUMBER OF PATIENTS SERVES THAT ARE COVERED BY MEDI-CAL IN 2019, 75% OF HOSPITAL INPATIENT DAYS WERE COVERED BY MEDI-CAL THE COMBINED NET EFFECT OF TOTAL MEDI-CAL REIMBURSEMENT AND DISPROPORTIONATE SHARE FUNDING IN RELATION TO THE COST OF THESE SERVICES RESULTED IN A NET LOSS TO THE HOSPITAL IN 2019 OF \$133,782,106 THIS FIGURE IS SEPARATE FROM AND DOES NOT INCLUDE THE COMMUNITY BENEFIT ACTIVITIES AND EXPENSES NOTED IN PREVIOUS SECTIONS, AND ALSO EXCLUDES THE REVENUE AND EXPENSES ASSOCIATED WITH THE HOSPITAL FEE PROGRAM, WHICH IS DESCRIBED IN MORE DETAIL BELOW</p> <p>HOSPITAL FEE PROGRAM - IN 2009, CALIFORNIA IMPLEMENTED THE HOSPITAL FEE PROGRAM THROUGH WHICH HOSPITALS IN CALIFORNIA, INCLUDING VALLEY CHILDREN'S HOSPITAL, RECEIVED SUPPLEMENTAL MEDI-CAL PAYMENTS CALIFORNIA IMPLEMENTED THE PROGRAM TO HELP OFFSET A PORTION OF HOSPITAL MEDI-CAL PAYMENT SHORTFALLS ACCRUED OVER CURRENT AND PRIOR YEARS THE PROGRAM WAS FUNDED BY A QUALITY ASSURANCE FEE PAID BY HOSPITALS THAT THE STATE THEN USES TO COLLECT ADDITIONAL FEDERAL FUNDING HOSPITAL FEE PROGRAMS LIKE CALIFORNIA'S ARE ALLOWABLE UNDER FEDERAL LAW, AND THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROVED CALIFORNIA'S PROGRAM IN 2019, VALLEY CHILDREN'S HOSPITAL RECOGNIZED PROGRAM REVENUE OF \$135,907,799, NET OF THE HOSPITAL'S QUALITY ASSURANCE FEE AND HOSPITAL CONTRIBUTIONS TO THE CALIFORNIA HEALTH FOUNDATION AND TRUST (CHFT) CHFT WAS ESTABLISHED UNDER THE PROGRAM FOR THE PURPOSE OF SUPPORTING CHARITABLE ACTIVITIES CHARITY CARE - IN KEEPING WITH OUR MISSION, VALLEY CHILDREN'S HOSPITAL CONTINUES TO ACCEPT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IN 2019, CHILDREN'S HOSPITAL PROVIDED \$346,213 IN CHARITY CARE THE AMOUNT REPRESENTS COSTS ASSOCIATED WITH PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE HOSPITAL'S CHARITY CARE POLICY WITHOUT CHARGE, OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES IN RELATION TO THE COST OF THESE SERVICES CHARITY CARE INCLUDES COUNTY INDIGENT AND FREE CARE, WHICH IS BASED ON THE PATIENT'S INABILITY TO PAY FOR SERVICES IN ORDER TO ASSIST FAMILIES WITH ONGOING CARE NEEDS, VALLEY CHILDREN'S HOSPITAL'S FINANCIAL ASSISTANCE POLICY REQUIRES PATIENT FAMILIES TO APPLY FOR APPROPRIATE GOVERNMENT FUNDING IN CONJUNCTION WITH APPLYING FOR FINANCIAL ASSISTANCE (CHARITY CARE) AS A RESULT, MANY FAMILIES QUALIFY FOR GOVERNMENT PROGRAMS AND DO NOT ULTIMATELY REQUIRE CHARITY CARE THE HOSPITAL'S CHARITY CARE AMOUNT IS SEPARATE FROM AND DOES NOT INCLUDE THE COMMUNITY BENEFIT ACTIVITIES AND EXPENSES NOTED IN PREVIOUS SECTIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 15	THE ORGANIZATION HAS MARKED NO FOR THE FISCAL YEAR ENDED 2019 TAX RETURN BECAUSE COMPENSATION FROM 10/1/18 TO 12/31/18 DID NOT MEET THE THRESHOLD FOR EXCISE COMPENSATION TAX AND THEREFORE NO FORM 4720 WILL BE FILED FOR FISCAL YEAR 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AMENDED AND RESTATED BYLAWS OF VALLEY CHILDREN'S HOSPITAL, EFFECTIVE 10/17/13, ESTABLISHED VALLEY CHILDREN'S HEALTHCARE AS THE SOLE MEMBER OF THE CORPORATION CERTAIN MEMBER RIGHTS, INCLUDING THE RIGHT TO APPROVE, FIX THE NUMBER, ELECT, AND REMOVE ELECTED TRUSTEES, ARE INCLUDED IN THESE BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE ANSWER FOR LINE 6 ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE ANSWER FOR LINE 6 ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE FORM 990 IS UPLOADED TO A SECURED BOARD PORTAL PRIOR TO THE FILING DATE BOARD MEMBERS ARE ASKED TO REVIEW THE FORM 990 AND PRESENT ANY QUESTIONS THEY MAY HAVE TO THE CFO CHANGES CAN THEN BE MADE IF WARRANTED BEFORE THE 990 IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE HOSPITAL BOARD OF TRUSTEES MAINTAINS A CONFLICT OF INTEREST POLICY WITHIN THE HOSPITAL'S CORPORATE BYLAWS THE POLICY REQUIRES EACH TRUSTEE TO DISCLOSE PERSONAL FINANCIAL INTERESTS BY EXECUTING ANNUAL STATEMENTS AND REPORTING SPECIFIC INTERESTS ON AN AD HOC BASIS A STANDING GOVERNANCE COMMITTEE IS TASKED TO REVIEW DISCLOSED INTERESTS, TO ASSESS WHETHER A CONFLICT OF INTEREST EXISTS AND MAKE RECOMMENDATIONS REGARDING FURTHER ACTION AS MAY BE NECESSARY TO MITIGATE OR ELIMINATE A CONFLICT THE HOSPITAL MAINTAINS A SEPARATE BUT SIMILAR POLICY GOVERNING INDIVIDUALS EMPLOYED IN COVERED POSITIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS PROVIDED BY THE VALLEY CHILDREN'S HEALTHCARE BYLAWS, A COMPENSATION COMMITTEE HAS BEEN ESTABLISHED THAT CONSISTS OF A CHAIR AND AT LEAST THREE MEMBERS OF THE BOARD OF TRUSTEES THE PRIMARY ROLE OF THE COMMITTEE IS TO ENSURE THAT COMPENSATION IS REASONABLY RELATED TO THE DUTIES PERFORMED FOR THE NETWORK AND WITH THE COMPETITIVE EMPLOYMENT MARKET DUTIES AND ACTIVITIES SPECIFIC TO CEO, OFFICER, AND KEY EMPLOYEES OF THE ORGANIZATION INCLUDE 1) PERIODIC REVIEW BASED ON THE INDEPENDENT ADVICE OF AN EXTERNAL QUALIFIED COMPENSATION CONSULTANT 2) REVIEW OF MARKET DATA FOR EQUIVALENT POSITIONS 3) REVIEW AND APPROVAL OF TERMS AND CONDITIONS OF THE CEO'S EMPLOYMENT AND OVERSIGHT TO ASSURE FORMAL AND TIMELY PERFORMANCE ASSESSMENTS ARE CONDUCTED 4) REVIEW AND APPROVAL OF EXECUTIVE LEVEL COMPENSATION TO ASSURE THAT TERMS AND CONDITIONS OF EMPLOYMENT ARE MARKET COMPETITIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	A COPY OF VALLEY CHILDREN'S HOSPITAL'S ARTICLES OF INCORPORATION IS ON FILE WITH THE CALIFORNIA SECRETARY OF STATE A COPY OF THE CORPORATE BYLAWS OF VALLEY CHILDREN'S HOSPITAL IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST CONFLICT OF INTEREST MANAGEMENT IS DESCRIBED IN ARTICLE 10 OF THE BYLAWS THE ANNUAL FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 91,171,906 HERNDON TEMPERANCE LLC NET EQUITY -117,057 PASS-THROUGH INVESTMENT INCOME -48,602

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HERNDON TEMPERANCE LLC 5286 E HOME AVE FRESNO, CA 93727 81-2808671	REAL PROPERTY	CA	324,073	7,918,200	VALLEY CHILDREN'S HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) VALLEY CHILDREN'S HEALTHCARE FOUNDATION 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 94-2797447	PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S HEALTHCARE & RELATED ENTITIES	CA	501(C)(3)	LINE 7	VALLEY CHILDREN'S HEALTHCARE		No
(2) VALLEY CHILDREN'S MEDICAL GROUP 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 46-4150987	HEALTH CARE	CA	501(C)(3)	LINE 10	VALLEY CHILDREN'S HEALTHCARE	Yes	
(3) VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 46-4158433	HEALTH CARE	CA	501(C)(3)	LINE 12C, III-FI	N/A		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	
(1) VALLEY PHYSICIANS ALLIANCE LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 81-3817791	INVESTING	CA	N/A									
(2) FOWLER BUSINESS & PROFESSIONAL PARK LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 47-1813772	REAL ESTATE INVESTMENT	CA	N/A	RELATED	-47,934	13,598,800		No			No	50 000 %
(3) COMPASS HEALTH ADMINISTRATORS LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 82-2891309	BENEFIT ADMIN	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VALLEY CHILDREN'S HOLDINGS I LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 37-1872422	HEALTHCARE	CA	N/A	C					No
(2) VPA HOLDINGS LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 81-4192995	INVESTING	CA	N/A	C	3,667	24,161	50 000 %	Yes	
(3) FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 30-1030354	PROPERTY OWNERS ASSOCIATION	CA	FOWLER BUSINESS & PROFESSIONAL PARK LLC	C	-3,287		50 000 %		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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation