

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>VALLEY CHILDREN'S HOSPITAL</b>	Taxpayer identification number (TIN) <b>94-1294954</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9300 VALLEY CHILDREN'S PLACE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MADERA, CA 93636-8762</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **TINA MYCROFT, SVP & CFO**  
**9300 VALLEY CHILDREN'S PLACE - MADERA, CA 93636**

Telephone No. **559-353-3000** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

Form **990**Department of the Treasury  
Internal Revenue Service

\* PUBLIC DISCLOSURE COPY \*

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024****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 CHILDREN'S PLACE**

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

**MADERA, CA 93636-8762****F** Name and address of principal officer: **TODD SUNTRAPAK****SAME AS C ABOVE****D** Employer identification number**94-1294954****E** Telephone number**559-353-3000****G** Gross receipts \$ **1,681,162,578.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.VALLEYCHILDRENS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1949** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>14</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>4075</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>310</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>-3,051,050.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>208,970.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>9,460,031.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>748,650,351.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>50,512,885.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12,944,813.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>821,568,080.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>369,980,125.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>404,558,073.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>775,757,099.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>45,810,981.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>2141940535.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>370,211,936.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>1771728599.</b>

**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			
	<b>TINA MYCROFT, SVP AND CFO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>WENDY CAMPOS</b>	<b>WENDY CAMPOS</b>	<b>08/12/25</b>		<b>P00448102</b>
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	<b>BAKER TILLY ADVISORY GROUP, LP</b> <b>3121 W MARCH LN, STE 200</b> <b>STOCKTON, CA 95219-2367</b>	<b>39-0859910</b>	<b>209-955-6100</b>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck 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 \$ 668,507,956. including grants of \$ 1,893,633. ) (Revenue \$ 833,543,744. )

**VALLEY CHILDREN'S HOSPITAL IS CENTRAL CALIFORNIA'S ONLY PEDIATRIC HOSPITAL, FEATURING THE REGION'S ONLY LEVEL IV NICU, A RENOWNED PEDIATRIC CANCER AND BLOOD DISEASES CENTER AND A PIONEERING HEART CENTER. WE WERE THE FIRST CHILDREN'S HOSPITAL WEST OF THE ROCKIES TO EARN THE MAGNET NURSING DESIGNATION - THE HIGHEST NURSING BENCHMARK - AND U.S. NEWS & WORLD REPORT RANKS US ONE OF THE NATION'S TOP CHILDREN'S HOSPITALS IN THREE SPECIALTIES. OUR TEAM OF APPROXIMATELY 670 PHYSICIANS AND APPROXIMATELY 3,500 STAFF MEMBERS PROVIDES HIGH-QUALITY CARE TO MORE THAN 1.3 MILLION CHILDREN IN THE REGION. SEE OUR COMPLETE COMMUNITY BENEFIT REPORT ON OUR WEBSITE AT WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNITY BENEFIT.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 668,507,956.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

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

Note: All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 356	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4075
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> 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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> 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	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....				X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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  
**TINA MYCROFT, SVP & CFO - 559-353-3000**  
**9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636**



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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD SUNTRAPAK CEO	20.50 39.50	X		X				3,203,684.	0.	66,483.
(2) BEVERLY HAYDEN-PUGH, FORMER CNO, SVP/ADVR TO CEO (AS OF 3/23)	24.00 36.00				X			1,555,213.	0.	134,615.
(3) MICHELE WALDRON, FORMER CFO, EVP & PRINC. CNSLT TO CEO (AS OF 10/23)	22.20 37.80						X	1,405,362.	0.	47,171.
(4) DAVID CHRISTENSEN, MD SVP, CPE & PRESIDENT VCMG	24.00 36.00				X			1,245,480.	0.	62,371.
(5) NATALE PONTICELLO JR, FORMER CPO, SVP/ADVR TO SVP&CPO (AS OF 3/23)	43.00 17.00				X			1,035,059.	0.	100,431.
(6) JOLIE LIMON, MD, VP ACAD AFFAIRS, DIO & CHI (THRU 10/23)	50.00 10.00				X			966,773.	0.	116,590.
(7) JOEL BROWNELL, MD VP, CHIEF MED INFO OFF. (THRU 9/23)	40.00 20.00					X		890,134.	0.	100,105.
(8) DAVID HODGE JR VP, MEDICAL GROUP & ANCILLARY OP	35.00 25.00				X			758,642.	0.	135,046.
(9) DANIELLE BARRY SVP, COO	30.00 30.00				X			770,415.	0.	116,567.
(10) JANE WILLSON SVP, CHIEF STRATEGY OFFICER	18.00 42.00				X			744,502.	0.	111,071.
(11) MICHAEL GOLDRING SVP STRATEGIC PARTNERSHIPS	12.00 48.00					X		768,985.	0.	41,352.
(12) WILLIAM CHALTRAW, JR. SVP, CHIEF LEGAL OFFICER	12.00 48.00				X			734,725.	0.	56,128.
(13) KAREN DAHL, MD VP, MED AFFAIRS & PHYS DEV	40.00 20.00					X		678,467.	0.	107,096.
(14) LYNNE ASHBECK SVP, CHIEF COMMUNITY IMPACT OFFICER	18.00 42.00					X		679,973.	0.	94,904.
(15) KEVIN SHIMAMOTO, FORMER CIO, VP AND ADVISOR TO CIO (THRU 9/24)	10.00 50.00					X		648,571.	0.	106,657.
(16) STEPHANIE VANCE VP, FINANCE (THRU 11/23)	30.00 30.00				X			579,841.	0.	117,222.
(17) JOSEPH EGAN VP & CIO	50.00 10.00				X			580,598.	0.	108,047.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KELLY BEALL, SVP/CHIEF PEOPLE OFFICER (AS OF 3/23)	43.00 17.00				X			539,749.	0.	90,664.
(19) VICKY TILTON, VP PATIENT CARE SVCS/CNO (AS OF 3/23)	50.00 10.00				X			473,529.	0.	81,548.
(20) TINA MYCROFT, SVP & CFO (AS OF 10/23)	22.20 37.80			X				409,219.	0.	11,082.
(21) KELLIE DYER, VP SUPPLY, CONSTR & FAC. (AS OF 1/23)	35.00 15.00				X			353,626.	0.	30,672.
(22) JESSIE HUDGINS, VP, FACILITIES & SUPPORT (THRU 1/23)	45.00 15.00				X			261,912.	0.	72,753.
(23) FAISAL RAZZAQI, MD, CHIEF OF STAFF/BOARD MEMBER (THRU 2/24)	0.50 0.50	X						75,000.	0.	0.
(24) DAN ADAMS, BOARD TREASURER	0.50 1.80	X		X				0.	10,000.	0.
(25) JOSE ELGORRIAGA, BOARD CHAIR	0.60 1.40	X		X				0.	0.	0.
(26) MICHAEL HANSON, BOARD VICE CHAIR	0.50 1.80	X		X				0.	0.	0.
<b>1b Subtotal</b>								19,359,459.	10,000.	1908575.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								19,359,459.	10,000.	1908575.

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

1,059

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VALLEY CHILDREN'S MEDICAL GROUP, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	SUBSPEC PHYSICIAN SERVICES	62,500,000.
QUIRING GENERAL LLC, 5118 E. CLINTON WAY, FRESNO, CA 93727	CONSTRUCTION SERVICES	17,547,904.
PEDIATRIC ANESTHESIA ASSOCIATES, 6235 N. FRESNO ST. STE 103, FRESNO, CA 93710	ANESTHESIA/CRITICAL CARE	15,138,436.
SODEXO INC. & ASSOCIATES, PO BOX 360170, PITTSBURGH, PA 15251-6170	HOUSEKEEPING SERVICES	6,077,211.
KRUGER CONSTRUCTION INC, 1205 BARSTOW AVENUE, CLOVIS, CA 93612	CONSTRUCTION SERVICES	4,786,998.

**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

135

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DANIELLE PARNAGIAN BOARD SECRETARY	0.50 0.50	X		X				0.	0.	0.
(28) CHRISTINE ALMON, MD CHIEF OF STAFF (AS OF 3/24)	0.50 0.50	X						0.	0.	0.
(29) SUSAN BYERS BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(30) LUZ GONZALEZ, MD BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(31) ALLISON KARAHADIAN BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(32) MENDY LAVAL BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(33) JARROD MARTINEZ BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(34) THOMAS PAGE, MD BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(35) LISA SMITTCAMP BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(36) VALERIE VUICICH BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(37) SISSY DALENA WOOD BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(38) DAN KOONTZ BOARD MEMBER (THRU 8/24)	0.50 0.50	X						0.	0.	0.
(39) BILL SMITTCAMP BOARD MEMBER (THRU 12/23)	0.50 1.80	X						0.	0.	0.
(40) RILEY WALTER BOARD MEMBER (THRU 12/23)	0.50 0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	22,819,221.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,166,489.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	545,386.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 12,055.					
	<b>h Total.</b> Add lines 1a-1f .....							27,531,096.
<b>Program Service Revenue</b>	<b>2 a</b> PATIENT SERVICES	<b>Business Code</b> 900099		814945222.	814945222.			
	<b>b</b> HOME CARE 340B PROGRAM	900099		11,911,286.	11911286.			
	<b>c</b> SUPPORT SERVICES	541610		6,607,365.	6,607,365.			
	<b>d</b> LAB SERVICES	900099		79,871.	79,871.			
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				833543744.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			42,428,988.		-3051050.	45480038.
<b>4</b> Income from investment of tax-exempt bond proceeds .....				991,791.			991,791.	
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real					
			1,128,900.					
			<b>b</b> Less: rental expenses ...					<b>6b</b>
<b>c</b> Rental income or (loss) .....		<b>6c</b>	443,918.					
<b>d</b> Net rental income or (loss) .....					443,918.		443,918.	
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities					
			(ii) Other					
			761,518,412.					212,002.
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	713,629,476.	160,592.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	47,888,936.	51,410.				
<b>d</b> Net gain or (loss) .....					47,940,346.		47940346.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>						
	<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				416,820.	
		<b>c</b> Net income or (loss) from sales of inventory .....					147,020.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> CAFETERIA REVENUE	<b>Business Code</b> 900099		2,727,849.			2727849.	
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....	900099		10,662,976.			10662976.	
	<b>e Total.</b> Add lines 11a-11d .....				13,390,825.			
<b>12 Total revenue.</b> See instructions .....				966417728.	833543744.	-3051050.	108393938	

**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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,511,774.	1,511,774.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	381,859.	381,859.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	13,756,808.		13,756,808.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	302,248,035.	229,173,201.	73,074,834.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,696,373.	13,594,426.	4,101,947.	
<b>9</b> Other employee benefits	52,877,143.	37,036,546.	15,840,597.	
<b>10</b> Payroll taxes	22,498,625.	16,443,407.	6,055,218.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	4,872,384.		4,872,384.	
<b>b</b> Legal	4,272,541.		4,272,541.	
<b>c</b> Accounting	286,324.		286,324.	
<b>d</b> Lobbying	127,500.		127,500.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	6,067,999.		6,067,999.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	117,575,314.	117,311,708.	263,606.	
<b>12</b> Advertising and promotion	2,010,232.	50,508.	1,959,724.	
<b>13</b> Office expenses	146,265,126.	137,021,921.	9,243,205.	
<b>14</b> Information technology	8,833,093.	6,523,527.	2,309,566.	
<b>15</b> Royalties				
<b>16</b> Occupancy	8,734,950.	6,674,658.	2,060,292.	
<b>17</b> Travel	1,009,291.	297,690.	711,601.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	379,862.	31,979.	347,883.	
<b>20</b> Interest	10,785,604.	8,252,595.	2,533,009.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	39,890,357.	22,049,014.	17,841,343.	
<b>23</b> Insurance	8,065,453.		8,065,453.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> HOSPITAL FEE PROGRAM	42,926,883.	42,926,883.		
<b>b</b> PURCHASED SERVICES	29,466,811.	13,608,119.	15,858,692.	
<b>c</b> BAD DEBT	13,481,552.	13,481,552.		
<b>d</b> UBI TAXES	976,377.	976,377.		
<b>e</b> All other expenses	13,999,011.	1,160,212.	12,838,799.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	870,997,281.	668,507,956.	202,489,325.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	812,358.	<b>1</b>	840,653.
	<b>2</b> Savings and temporary cash investments .....	488,908,207.	<b>2</b>	561,470,620.
	<b>3</b> Pledges and grants receivable, net .....	968,363.	<b>3</b>	766,903.
	<b>4</b> Accounts receivable, net .....	103,018,092.	<b>4</b>	137,465,776.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	58,150,923.	<b>5</b>	58,823,805.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	14,738,794.	<b>8</b>	17,617,644.
	<b>9</b> Prepaid expenses and deferred charges .....	11,904,486.	<b>9</b>	13,365,224.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 922,643,854.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 473,608,098.		
	<b>11</b> Investments - publicly traded securities .....	445,055,720.	<b>10c</b>	449,035,756.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	536,982,420.	<b>11</b>	557,599,978.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	251,771,950.	<b>12</b>	374,492,887.
	<b>14</b> Intangible assets .....	44,683,956.	<b>13</b>	41,233,162.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	184,945,266.	<b>15</b>	114,276,688.	
<b>17</b> Accounts payable and accrued expenses .....	214,194,053.	<b>16</b>	232,698,909.	
<b>18</b> Grants payable .....	90,954,979.	<b>17</b>	93,309,225.	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	246,977,204.	<b>23</b>	238,789,518.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	32,279,753.	<b>25</b>	28,706,347.	
<b>27</b> Net assets without donor restrictions .....	370,211,936.	<b>26</b>	360,805,090.	
<b>28</b> Net assets with donor restrictions .....				
<b>29</b> Capital stock or trust principal, or current funds .....				
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....				
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....				
<b>32</b> Total net assets or fund balances .....				
<b>33</b> Total liabilities and net assets/fund balances .....				

Form 990 (2023)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	966,417,728.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	870,997,281.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	95,420,447.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,771,728,599.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	95,822,692.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,212,268.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,966,184,006.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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



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

(Complete only if you checked the box on line 5, 7, or 8 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2023

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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.)

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Name of organization

Employer identification number

VALLEY CHILDREN'S HOSPITAL

94-1294954

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>22,807,166.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>94,781.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>25,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>12,589.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VALLEY CHILDREN'S HOSPITAL

94-1294954

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VALLEY CHILDREN'S HOSPITAL

94-1294954

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PEDIATRIC TECOTHERM NEO DEVICE	\$ 12,589.	09/30/24
7	CONCRETE	\$ 6,500.	09/30/24
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
VALLEY CHILDREN'S HOSPITAL	94-1294954

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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 organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

**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.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		16,602.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		325,147.
<b>j</b> Total. Add lines 1c through 1i .....			341,749.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

**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.

**PART II-B, LINE 1**

VALLEY CHILDREN'S HOSPITAL HAS HAD DIRECT CONTACT WITH LOCAL, STATE, AND  
 FEDERAL ELECTED OFFICIALS REGARDING HEALTHCARE POLICY THAT IMPACTS  
 CHILDREN, INCLUDING GENERAL COMMUNICATION WITH AND EDUCATION OF BOTH THE  
 LEGISLATORS AND THEIR STAFF MEMBERS. EXPENSES ASSOCIATED WITH THIS  
 ACTIVITY ARE LESS THAN 1% OF TOTAL HOSPITAL EXPENDITURES.

**Part IV** Supplemental Information (continued)

VALLEY CHILDREN'S HOSPITAL HAS MADE NO CONTRIBUTIONS TO ANY POLITICAL  
CANDIDATE OR ELECTED OFFICIAL.

SALARIES RELATED TO LOBBYING \$16,602

BROWNSTEIN HYATT FARBER SCHRECK \$127,500

ASSOCIATION DUES RELATED TO LOBBYING

NACH 43,798

AMERICAN SOCIETY HEALTHCARE ENGINEERING 41

ASSOCIATION OF AMERICAN MEDICAL COLLEGES 314

CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION 80,551

CALIFORNIA HOSPITAL ASSOCIATION/AMERICAN HOSP ASSOC 27,214

CHILDREN'S SPECIALTY CARE COALITION 3,591

FRESNO CHAMBER OF COMMERCE 267

HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIFORNIA 41,751

NATIONAL ASSOCIATION OF EPILEPSY CENTERS 120

TOTAL EXPENDITURES RELATED TO LEGISLATIVE MATTERS \$341,749



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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		91,520,402.		91,520,402.
b Buildings		408,358,925.	181,191,123.	227,167,802.
c Leasehold improvements		3,554,557.	3,554,216.	341.
d Equipment		359,856,806.	257,872,227.	101,984,579.
e Other		59,353,164.	30,990,532.	28,362,632.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				449,035,756.

Schedule D (Form 990) 2023

**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	157,176,882.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	108,968,953.	END-OF-YEAR MARKET VALUE
(C) PRIVATE CAPITAL FUNDS	108,347,052.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	374,492,887.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MALPRACTICE RESERVE	8,188,588.
(3) ACCRUED PENSION LIABILITY	431,999.
(4) 457 LIABILITY	5,957,023.
(5) 1732 LIABILITY	456,342.
(6) WORKERS COMP	4,410,215.
(7) INS LIABILITY	1,843,785.
(8) DC SERP LIABILITY	984,262.
(9) 457F RT LIABILITY	297.
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	28,706,347.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2023

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**PART VII, LINE 3:**

THE OVERALL FINANCIAL OBJECTIVES OF THE HOSPITAL'S INVESTMENT PORTFOLIO ARE TO 1) PRESERVE PRINCIPAL AND MAINTAIN PURCHASING POWER FOR A PORTION OF PORTFOLIO ASSETS IN ORDER TO PROVIDE A SOURCE OF FUNDING FOR STRATEGIC INVESTMENT AND ANNUAL ENDOWMENT DISTRIBUTIONS, AND 2) GROW A PORTION OF PORTFOLIO ASSETS TO IMPROVE THE FINANCIAL WELL-BEING OF VALLEY CHILDREN'S HEALTHCARE AND ITS SUBSIDIARIES. TO ACHIEVE THESE GOALS, THE PORTFOLIO IS INVESTED IN A VARIETY OF INVESTMENT VEHICLES INCLUDING, BUT NOT LIMITED TO, MUTUAL FUNDS, EXCHANGE TRADED FUNDS, SEPARATELY MANAGED ACCOUNTS, COMMINGLED FUNDS, US TREASURY NOTES, LIMITED PARTNERSHIPS, HEDGE FUNDS, PRIVATE CAPITAL FUNDS AND PRIVATE DEBT.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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" on Form 990, Part IV, line 14b.

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

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

**3 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		174,335,391.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		14,618,454.
<b>3 a Subtotal</b> .....	0	0			188,953,845.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			188,953,845.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 a tax exempt 501(c)(3) organization 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 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2023



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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

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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			117,077.		117,077.	.01%
<b>b</b> Medicaid (from Worksheet 3, column a)			587139150	511285638	75853512.	8.85%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			260,347.	116,757.	143,590.	.02%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			587516574	511402395	76114179.	8.88%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2578768.	0.	2578768.	.30%
<b>f</b> Health professions education (from Worksheet 5)			16766168.	1362441.	15403727.	1.80%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)			1574471.	542,856.	1031615.	.12%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			701,536.	0.	701,536.	.08%
<b>j Total.</b> Other Benefits			21620943.	1905297.	19715646.	2.30%
<b>k Total.</b> Add lines 7d and 7j			609137517	513307692	95829825.	11.18%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNIT</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFIT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: **FACILITY REPORTING GROUP - A**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A**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
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 5:

FACILITY REPORTING GROUP A

IN ACCORDANCE WITH STATE REGULATIONS, A CHNA IS PERFORMED EVERY THREE YEARS. IN CONDUCTING THE MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. A VARIETY OF PRIMARY DATA COLLECTION METHODS WERE USED TO OBTAIN COMMUNITY INPUT INCLUDING FOCUS GROUPS, INTERVIEWS, AND SURVEYS. THE COLLECTED DATA WAS USED TO IDENTIFY SIGNIFICANT COMMUNITY NEEDS.

FRESNO, KINGS, MADERA, AND TULARE COUNTIES

PRIMARY DATA WERE COLLECTED THROUGH SURVEYS, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS. THE SURVEY INCLUDED QUESTIONS TO DESCRIBE THE COMMUNITY, THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH STATUS AND WAS AVAILABLE IN ENGLISH AND SPANISH. COMMUNITY ORGANIZATIONS DISTRIBUTED THE SURVEYS ONLINE AND IN PAPER FORMAT. 4,856 USABLE SURVEYS WERE RECEIVED. COMMUNITY-BASED ORGANIZATIONS AND OTHER GROUPS LED THE FOCUS GROUPS AND INTERVIEWS. COMMUNITY MEMBERS ATTENDED IN-PERSON OR VIRTUALLY ON ZOOM. FIFTY-NINE (59) FOCUS GROUPS ENGAGED 473 PERSONS FROM OCTOBER TO DECEMBER 2021. TARGET POPULATIONS FOR THE FOCUS GROUPS WERE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY. KEY INFORMANTS WERE CHOSEN FOR INTERVIEWS BASED ON THEIR KNOWLEDGE OF COMMUNITY HEALTH ISSUES. FIFTY (50) KEY INFORMANT INTERVIEWS WERE COMPLETED FROM OCTOBER TO DECEMBER 2021.

**Part V Facility Information** (continued)

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

**KERN COUNTY**

PRIMARY DATA WERE COLLECTED THROUGH INTERVIEWS WITH COMMUNITY STAKEHOLDERS AND SURVEYS WITH COMMUNITY RESIDENTS TO OBTAIN INPUT ON HEALTH NEEDS, BARRIERS TO CARE AND RESOURCES AVAILABLE TO ADDRESS THE IDENTIFIED HEALTH NEEDS. THIRTY (30) TELEPHONE INTERVIEWS WERE CONDUCTED FROM OCTOBER TO DECEMBER 2021. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN KERN COUNTY WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL.

SURVEYS WERE DISTRIBUTED TO ENGAGE COMMUNITY RESIDENTS AND OBTAIN INPUT ON HEALTH AND SOCIAL NEEDS. THE SURVEY WAS AVAILABLE IN AN ELECTRONIC FORMAT AND IN A PAPER COPY FORMAT. THE ELECTRONIC AND PAPER SURVEYS WERE AVAILABLE IN ENGLISH AND SPANISH. THE SURVEYS WERE AVAILABLE FROM SEPTEMBER 13 TO NOVEMBER 15, 2021. DURING THIS TIME, 255 USABLE SURVEYS WERE COLLECTED. THE SURVEYS WERE DISTRIBUTED THROUGH HOSPITAL CHANNELS INCLUDING SOCIAL MEDIA. THE SURVEY WAS ALSO DISTRIBUTED TO COMMUNITY PARTNERS WHO MADE THEM AVAILABLE TO THEIR CLIENTS.

**MERCED COUNTY**

THE ASSESSMENT INCORPORATED PRIMARY RESEARCH THROUGH A COMMUNITY HEALTH SURVEY AND AN ONLINE KEY INFORMANT SURVEY. THE SURVEYS WERE CONDUCTED VIA TELEPHONE (LANDLINE AND CELL PHONE) AND THROUGH ONLINE QUESTIONNAIRES. THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 300 INDIVIDUALS, AGES 18 AND OLDER, IN MERCED COUNTY. WHEN THE INTERVIEWS WERE COMPLETED, THEY WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION TO APPROPRIATELY REPRESENT MERCED

**Part V Facility Information** (continued)

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

COUNTY AS A WHOLE.

AN ONLINE KEY INFORMANT SURVEY SOLICITED INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY VALLEY CHILDREN'S HOSPITAL AND MERCY MEDICAL CENTER MERCED. THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. IN ALL, 69 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY.

PARTICIPATION INCLUDED REPRESENTATIVES OF THE FOLLOWING ORGANIZATIONS:

- ACE OVERCOMERS
- ALL DADS MATTER
- BEHAVIORAL HEALTH
- CASTLE FAMILY HEALTH CENTERS
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- CENTRAL OPPORTUNITY CENTER CVOC
- COURT APPOINTED SPECIAL ADVOCATES MERCED COUNTY
- FAMILY RESOURCE COUNCIL
- FIRST 5 MERCED COUNTY
- HEAD START PROGRAM MERCED COUNTY OFFICE OF EDUCATION
- MERCED CITY SCHOOL DISTRICT
- MERCED COUNTY COMMUNITY ACTION AGENCY WIC

**Part V Facility Information** (continued)

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

- MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

- MERCED COUNTY HUMAN SERVICES AGENCY, ALL MOMS MATTER

- MERCED COUNTY HUMAN SERVICES AGENCY, EMPLOYMENT AND TRAINING BRANCH

- MERCED COUNTY MENTAL HEALTH DEPT.

- MERCED COUNTY OFFICE OF EDUCATION, CARING KIDS

- MERCED COUNTY OFFICE OF EDUCATION, GROW PROGRAM

- MERCED COUNTY OFFICE OF EDUCATION, MIGRANT EDUCATION

- MERCED RESCUE MISSION

- PEOPLE'S PROMISE

- SIERRA VISTA CHILDREN AND FAMILY SERVICES

- ST. VINCENT DE PAUL SOCIETY PLANADA

- UNIVERSITY OF CALIFORNIA MERCED

- VALLEY CRISIS CENTER

## STANISLAUS COUNTY

TWELVE (12) INTERVIEWS WERE CONDUCTED DURING JANUARY AND FEBRUARY 2022.

INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED

WITH THE HEALTH AND WELLBEING IN STANISLAUS COUNTY, WHO SPOKE TO ISSUES

AND NEEDS IN THE COMMUNITY. ORGANIZATIONS WERE IDENTIFIED BASED ON THE

ROLE THEY PLAYED IN THE COMMUNITY. INDIVIDUALS REPRESENTING

ORGANIZATIONS THAT DELIVERED HEALTH AND RELATED SOCIAL SERVICES TO THE

COMMUNITY AT-LARGE WERE SOLICITED FOR INVOLVEMENT. SOCIAL

SERVICE/COMMUNITY SERVING ORGANIZATIONS, INCLUDING HEALTH CARE

PROVIDERS (FQHCs), AND THE INDIVIDUALS REPRESENTING THEM, WERE ALSO

RECRUITED FOR PARTICIPATION. THE LOCAL PUBLIC HEALTH AGENCY WAS

RECRUITED FOR PARTICIPATION AND REPRESENTATIVES FROM THE HOSPITAL WERE

INCLUDED.

**Part V Facility Information** (continued)

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

FOCUS GROUP PARTICIPANTS WERE IDENTIFIED FROM THE ORGANIZATIONS SERVING THE COMMUNITY'S MOST VULNERABLE POPULATIONS. IN SOME INSTANCES, WHERE A FOCUS GROUP WAS DIFFICULT TO CONVENE (DUE TO THE PANDEMIC), REPRESENTATIVES THAT WORKED DIRECTLY WITH VULNERABLE POPULATIONS WERE SOLICITED FOR INVOLVEMENT. THREE (3) FOCUS GROUPS ENGAGED 17 PEOPLE AND WERE HELD VIA ZOOM IN MARCH 2022. FOCUS GROUP PARTICIPANTS REPRESENTED COMMUNITY HEALTH WORKERS, STUDENTS, VOLUNTEERS AND OUTREACH WORKERS. KEY INFORMANTS WERE CHOSEN FOR INTERVIEWS BASED ON THEIR KNOWLEDGE OF COMMUNITY HEALTH ISSUES.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: VALLEY CHILDREN'S HOSPITAL

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 6A: VALLEY CHILDREN'S HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES TO COMPLETE THE CHNA:

FRESNO, KINGS, MADERA AND TULARE COUNTIES

- SAINT AGNES MEDICAL CENTER AND COMMUNITY REGIONAL MEDICAL CENTER.

KERN COUNTY

- DIGNITY HEALTH (MERCY AND MEMORIAL HOSPITALS), ADVENTIST HEALTH (BAKERSFIELD, DELANO AND TEHACHAPI VALLEY), KERN MEDICAL, AND KAISER PERMANENTE.

**Part V Facility Information** (continued)

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

**MERCED COUNTY**

- MERCY MEDICAL CENTER MERCED.

**STANISLAUS COUNTY**

- SUTTER HEALTH MEMORIAL MEDICAL CENTER.

**FACILITY REPORTING GROUP - A**

PART V, SECTION B, LINE 6B: VALLEY CHILDREN'S HOSPITAL COLLABORATED WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA TO COMPLETE THE CHNA.

**PART V, LINE 7A, HOSPITAL FACILITY'S WEBSITE:**

WWW.VALLEYCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFIT

**PART V, SECTION B, LINE 11**

THE 2022 CHNA PROCESS INCLUDED COLLECTION AND ANALYSIS OF DATA SOURCES FOR THE HOSPITAL SERVICE AREA. SECONDARY DATA WERE COLLECTED FROM COUNTY AND STATE SOURCES TO PRESENT COMMUNITY DEMOGRAPHICS, SOCIAL DETERMINANTS OF HEALTH, ACCESS TO HEALTH CARE, BIRTH CHARACTERISTICS, ACUTE AND CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, AND SUBSTANCE USE. IN ADDITION, VALLEY CHILDREN'S CONDUCTED INTERVIEWS, FOCUS GROUPS AND SURVEYS WITH COMMUNITY STAKEHOLDERS AND RESIDENTS TO OBTAIN INPUT ON HEALTH NEEDS, BARRIERS TO CARE AND RESOURCES AVAILABLE TO ADDRESS THE IDENTIFIED HEALTH NEEDS.

THE COLLECTED DATA WERE USED TO IDENTIFY SIGNIFICANT COMMUNITY NEEDS.



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

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

GIVEN THE COMMUNITY INPUT SPECIFIC TO CHILD HEALTH, THE MAJOR NEEDS IDENTIFIED FOR CHILDREN THROUGHOUT THE SERVICE AREA INCLUDED THE FOLLOWING:

- ACCESS TO HEALTH CARE INCLUDES ACCESS TO PRIMARY CARE, SPECIALTY CARE, PREVENTIVE CARE, AND TRANSPORTATION.

- CHRONIC DISEASES INCLUDE PREVENTION, MANAGEMENT, AND TREATMENT OF CHRONIC DISEASES (DIABETES, ASTHMA, CANCER), CAREGIVER SUPPORT FOR CHILDREN EXPERIENCING CHRONIC DISEASES.

- ECONOMIC INSECURITY INCLUDES POVERTY, BASIC NEEDS SERVICES, AND FOOD INSECURITY.

- HOUSING AND HOMELESSNESS INCLUDE ACCESS TO SAFE AND AFFORDABLE HOUSING, AND ISSUES RELATED TO PERSONS WHO ARE EXPERIENCING HOMELESSNESS, INCLUDING HOUSING AVAILABILITY, SOCIAL SERVICES AND TRANSITIONAL CARE.

- MATERNAL AND INFANT HEALTH INCLUDE TEEN PREGNANCY, PRENATAL CARE, LOW-BIRTH WEIGHT BIRTHS, PREMATURE BIRTHS, INFANT MORTALITY, AND BREASTFEEDING.

- MENTAL HEALTH INCLUDES ANXIETY AND DEPRESSION, SEVERE MENTAL ILLNESS, ACCESS TO MENTAL HEALTH CARE AND SUPPORTIVE SERVICES, REDUCTION IN STIGMA AND AVAILABILITY OF MENTAL HEALTH CARE BEDS.

- OBESITY/NUTRITION/PHYSICAL ACTIVITY INCLUDE ACCESS TO HEALTHY, AFFORDABLE FOOD, INCREASED ACCESS TO OUTDOOR ACTIVITIES.

- PREVENTIVE CARE INCLUDES VACCINES, TESTING AND SCREENINGS.

- SUBSTANCE USE AND MISUSE INCLUDE TOBACCO USE, VAPING, DRUG MISUSE AND ALCOHOL USE.

- VIOLENCE AND INJURY PREVENTION INCLUDE ACCIDENTAL INJURIES,

**Part V Facility Information** (continued)

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

NEIGHBORHOOD SAFETY, REDUCTION IN CRIME, AND CHILD ABUSE.

THE CHNA SERVED AS A RESOURCE DOCUMENT FOR THE REVIEW OF HEALTH NEEDS AS IT PROVIDED DATA ON THE SCOPE AND SEVERITY OF ISSUES AND INCLUDED COMMUNITY INPUT ON THE HEALTH NEEDS. THE COMMUNITY PRIORITIZATION OF NEEDS WAS ALSO TAKEN INTO CONSIDERATION. VALLEY CHILDREN'S IS ADDRESSING THE FOLLOWING NEEDS:

- ACCESS TO HEALTH CARE (INCLUDING PREVENTIVE CARE)
- CHRONIC DISEASES (INCLUDING OBESITY, NUTRITION, AND PHYSICAL ACTIVITY)
- MATERNAL AND INFANT HEALTH
- MENTAL HEALTH
- VIOLENCE AND INJURY PREVENTION

ACCESS TO CARE

ACCESS TO PRIMARY AND PREVENTIVE CARE FOR AT-RISK CHILDREN PEDIATRIC PHYSICIAN RESIDENTS PARTICIPATING IN VALLEY CHILDREN'S PEDIATRIC RESIDENCY PROGRAM PROVIDED PRIMARY AND PREVENTIVE HEALTHCARE SERVICES TO AT-RISK CHILDREN IN FRESNO COUNTY AS PART OF THE FRESNO COUNTY SUPERINTENDENT OF SCHOOLS' MOBILE HEALTH UNIT (MHU). DESIGNED TO HELP ENSURE THAT CHILDREN ARE ABLE TO START SCHOOL ON TIME AND ACCESS THEIR EDUCATION, THE MHU HELD 43 CLINICS IN 2024, INCLUDING MANY LOCATED IN RURAL AND LOW-INCOME COMMUNITIES. AS A PART OF THOSE CLINICS, 1,014 CHILDHOOD VACCINATIONS WERE ADMINISTERED, AND 256 SPORTS PHYSICALS WERE PERFORMED.

ADAPTIVE SPORTS PROGRAM

**Part V Facility Information** (continued)

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

VALLEY CHILDREN'S ADAPTIVE SPORTS PROGRAM PROVIDES FREE RECREATIONAL AND ATHLETIC EXPERIENCES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH DISABILITIES, REGARDLESS OF WHETHER THEY HAVE BEEN OR ARE CURRENTLY PATIENTS AT VALLEY CHILDREN'S. THE PROGRAM, THE ONLY ONE OF ITS KIND IN CENTRAL CALIFORNIA, IS DESIGNED FOR INDIVIDUALS WITH PHYSICAL IMPAIRMENTS AND CONDITIONS RANGING FROM CEREBRAL PALSY, SPINAL CORD INJURIES AND AMPUTATIONS. DISABLED YOUTH, UP TO AGE 21, ARE ESPECIALLY ENCOURAGED TO ATTEND. IN 2024, ABOUT 70 CHILDREN PARTICIPATED IN A VARIETY OF ACTIVITIES INCLUDING WHEELCHAIR BASKETBALL, WHEELCHAIR TENNIS, WHEELCHAIR SOCCER, CANOEING/KAYAKING, ROCK CLIMBING, TRACK AND FIELD, AND SNOW AND WATER SKIING.

**ENROLLMENT IN HEALTH INSURANCE**

VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDICAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED THE FAMILIES WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES.

**EXPANDED ACCESS TO PEDIATRIC PRIMARY AND SPECIALTY CARE**

VALLEY CHILDREN'S MADE CASH CONTRIBUTIONS FOR THE PURCHASE OF CAPITAL-RELATED ITEMS TO BE USED TO INCREASE ACCESS TO HEALTHCARE SERVICES FOR CHILDREN THROUGHOUT THE REGION.

**TRANSPORTATION**

GIVEN THE CENTRAL VALLEY'S LARGELY RURAL LANDSCAPE AND HIGH

**Part V Facility Information** (continued)

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

CONCENTRATION OF POVERTY, TRANSPORTATION HAS LONG BEEN A CHALLENGE FOR MANY FAMILIES. VALLEY CHILDREN'S SOCIAL WORK DEPARTMENT ASSISTED FAMILIES WITH TRANSPORTATION BY PROVIDING GAS CARDS, TAXI VOUCHERS, AND FUNDING TRANSPORTATION/RIDE SHARING EXPENSES, AMTRAK TICKETS AND BUS TOKENS. VALLEY CHILDREN'S ALSO SUBSIDIZED BUS AND OTHER PUBLIC TRANSIT SERVICES FROM THE CITY OF FRESNO AND KINGS COUNTY.

## VISION SCREENINGS

THROUGH A PARTNERSHIP WITH THE TZU CHI MEDICAL FOUNDATION AND ITS SEE 2 SUCCEED INITIATIVE, VALLEY CHILDREN'S HELPED MAKE POSSIBLE VISION SCREENINGS FOR 14,409 SCHOOL AGED CHILDREN IN FRESNO COUNTY ACROSS 18 SCHOOL DISTRICTS AND 51 SCHOOL SITES. AS A RESULT OF THE SCREENINGS, 1,353 FULL EYE EXAMS WERE CONDUCTED, AND 1,167 PAIRS OF GLASSES WERE PROVIDED TO CHILDREN.

## CHRONIC DISEASE PREVENTION

## BLUE ZONES PROJECT BAKERSFIELD

BLUE ZONES BAKERSFIELD SUPPORTS INTERVENTIONS AND INITIATIVES THAT EMPOWER PEOPLE, INCENTIVIZES DIFFERENT ORGANIZATIONS AND BUSINESSES TO ENHANCE THE WAYS THEY PROMOTE HEALTH AND WELLNESS, AND IMPLEMENTS POLICIES THAT TRANSFORM THE ENVIRONMENT.

IN 2024, VALLEY CHILDREN'S PROVIDED FINANCIAL SUPPORT FOR BLUE ZONES PROJECT BAKERSFIELD, SUPPORTED ITS ADVOCACY EFFORTS, AND PARTICIPATED ON THE INITIATIVE'S STEERING COMMITTEE AND SCHOOL WELLNESS COMMITTEE. WITH THE HELP OF VALLEY CHILDREN'S, A TOTAL OF 20 SCHOOLS HAD BECOME CERTIFIED AS BLUE ZONE PROJECT APPROVED SCHOOLS AT THE END OF 2024. TO BECOME AN APPROVED SITE, SCHOOLS SIGN A PLEDGE COMMITTING TO PURSUE

**Part V Facility Information** (continued)

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

SPECIFIC POLICIES AND PROGRAMS THAT SUPPORT STUDENT HEALTH AND WELLBEING. VALLEY CHILDREN'S SUPPORT ALSO HELPED MAKE POSSIBLE "WELLNESS WALKS TO SCHOOL" AND A BOOK VENDING MACHINE AT MCKINLEY ELEMENTARY SCHOOL IN BAKERSFIELD.

**FOOD FOR FAMILIES**

VALLEY CHILDREN'S DIETARY DEPARTMENT PROVIDED MEAL COUPONS TO BREASTFEEDING MOMS WHOSE INFANTS WERE AT VALLEY CHILDREN'S. ADDITIONALLY, VALLEY CHILDREN'S SOCIAL WORK TEAM PROVIDED PATIENTS' FAMILIES WHO WERE NOT PREPARED FOR A LONG STAY AT THE HOSPITAL WITH MEAL COUPONS WHEN THE NEED WAS DETERMINED. THE SOCIAL WORK TEAM ALSO WORKED CLOSELY WITH THE CALIFORNIA CHILDREN'S SERVICES PROGRAM TO PROVIDE FOOD FOR ELIGIBLE FAMILIES.

**FOOD SECURITY - CENTRAL CALIFORNIA FOOD BANK PARTNERSHIP**

IN MARCH 2022, VALLEY CHILDREN'S ENTERED A THREE-YEAR PARTNERSHIP WITH THE CENTRAL CALIFORNIA FOOD BANK TO SUPPORT ACCESS TO HEALTHY AND NUTRITIOUS FOOD FOR CHILDREN AND FAMILIES ACROSS OUR SERVICE AREA.

THROUGH THIS PARTNERSHIP, VALLEY CHILDREN'S HOME CARE STAFF, AS PART OF THEIR REGULAR HOME VISITS, ARE BRINGING QUALIFYING FAMILIES A SPECIALLY ASSEMBLED FOOD BOX EVERY MONTH THAT ALIGNS WITH THE FAMILY'S CULTURAL PREFERENCES. IN THE PARTNERSHIP'S FIRST TWO YEARS, VALLEY CHILDREN'S DISTRIBUTED 19,512 POUNDS OF FOOD (THE EQUIVALENT OF 16,259 MEALS) TO 83 FAMILIES, INCLUDING 197 CHILDREN.

ANOTHER COMPONENT OF OUR PARTNERSHIP INCLUDES SUPPORT FOR FOOD

**Part V Facility Information** (continued)

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

DISTRIBUTION AT WEST FRESNO ELEMENTARY SCHOOL WHERE OVER 90% OF THE STUDENTS DURING THE 2023 2024 SCHOOL YEAR QUALIFIED FOR FREE AND REDUCED PRICED MEALS. DURING THE PARTNERSHIP'S FIRST TWO YEARS, 94,900 POUNDS OF FOOD WERE DISTRIBUTED (THE EQUIVALENT OF 79,083 MEALS) TO 1,293 FAMILIES INCLUDING 4,388 CHILDREN.

A THIRD FEATURE OF THE PARTNERSHIP INCLUDES VALLEY CHILDREN'S SUPPORT FOR THE FIRST FRUITS MARKET THAT OPENED IN FRESNO IN SEPTEMBER 2023. INSIDE THE FRESNO RESCUE MISSION'S CITY CENTER, A FULL SERVICE 'HUB' FOR KIDS, FAMILIES, RUNAWAY YOUTH, AND UNHOUSED ADULTS, THE MARKET PROVIDES A VARIETY OF FRESH PRODUCE, PROTEIN, CULTURALLY APPROPRIATE FOOD AND SHELF-STABLE FOOD ITEMS TO ANYONE IN NEED OF FOOD ASSISTANCE IN AN ENVIRONMENT DESIGNED JUST LIKE ANY GROCERY STORE WHERE 'CUSTOMERS' CAN CHOOSE ITEMS MOST USEFUL AND MOST CULTURALLY APPROPRIATE FOR THEM. THROUGH JANUARY 2024, THE MARKET DISTRIBUTED CLOSE TO 500,000 POUNDS OF FOOD TO OVER 11,000 HOUSEHOLDS.

PART V, SECTION B, LINE 11 (CONTINUED)

FOOD SECURITY - MERCED PARTNERSHIP

IN MERCED COUNTY, VALLEY CHILDREN'S OLIVEWOOD PEDIATRICS PRACTICE CONTINUED ITS PARTNERSHIP WITH COMMUNITY INITIATIVES FOR COLLECTIVE IMPACT AND THE MERCED COUNTY FOOD BANK TO HELP NEEDY FAMILIES ACCESS FOOD AT LOCAL GROCERY STORES. THROUGH THE PARTNERSHIP, VALLEY CHILDREN'S PROVIDERS SCREEN ALL CHILDREN ENROLLED IN MEDICAL AND THEIR FAMILIES FOR FOOD INSECURITY. IF A FAMILY SCREENS POSITIVE FOR FOOD INSECURITY, THE PROVIDERS GIVE THE FAMILY A COUPON THAT CAN BE USED AT ANY GROCERY STORE THAT ACCEPTS FOOD COUPONS TO HELP WITH THE PURCHASE

**Part V Facility Information** (continued)

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

OF STAPLES SUCH AS FRUITS, VEGETABLES AND DAIRY PRODUCTS. IN 2024, 23% OF FAMILIES SCREENED POSITIVE FOR FOOD INSECURITY. NEARLY 14% OF THOSE WHO SCREENED POSITIVE HAD PRIVATE HEALTH INSURANCE, AND 73% OF IDENTIFIED AS HISPANIC AND LATINO INDIVIDUALS.

**FOOD SECURITY - FOODLINK FOR TULARE COUNTY PARTNERSHIP**

IN 2024, VALLEY CHILDREN'S CONTINUED ITS PARTNERSHIP WITH FOODLINK FOR TULARE COUNTY IN SUPPORT OF THE ORGANIZATION'S SMART PACK PROGRAM.

THROUGH THE SMART PACK PROGRAM, FOODLINK PROVIDES FOOD INSECURE STUDENTS AND THEIR FAMILIES WITH A BACKPACK OF HEALTHY FOOD EACH FRIDAY DURING THE SCHOOL YEAR SO THAT CHILDREN HAVE FOOD OVER THE WEEKENDS WHEN THEY ARE NOT ABLE TO ACCESS FREE OR REDUCED-PRICE SCHOOL BREAKFASTS AND LUNCHES. WITH VALLEY CHILDREN'S FINANCIAL SUPPORT, FOODLINK PROVIDED 1,184 BACKPACKS TO 51 FAMILIES FOR THE SCHOOL YEAR ENDING JUNE 2024.

**EPILEPSY SUPPORT PROGRAM**

VALLEY CHILDREN'S EPILEPSY PROGRAM CONTINUED ITS COMMUNITY-BASED OUTREACH WORK IN 2024 BY PROVIDING THE FOLLOWING EDUCATION AND TRAINING TO KEY STAKEHOLDERS.

**1. SCHOOL HEALTH AND WELLNESS**

- PROVIDED SEIZURE SAFE TRAINING TO MORE THAN 600 STAFF ACROSS 15 SCHOOL DISTRICTS.

**2. COMMUNITY RESOURCES**

- HOSTED 36 SUPPORT GROUPS.  
- FILMED AND MADE AVAILABLE 10 EDUCATIONAL VIDEOS ON ADMINISTERING SEIZURE RESCUE MEDICATIONS WITH MORE THAN 174,000 VIEWS.

**Part V Facility Information** (continued)

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

- DISTRIBUTED 100 COMFORT CARE BACKPACKS TO SCHOOL NURSES.

**3. COMMUNITY EVENTS**

- HOSTED ART FOR EPILEPSY, SUMMER SAFETY WATER SPLASH DAY, AND  
EPILEPSY AWARENESS ACTIVITIES, REACHING MORE THAN 1,000 INDIVIDUALS.

**4. LEGISLATIVE ADVOCACY**

- CONTINUED TO SUPPORT THE WORK OF THE CONGRESSIONAL EPILEPSY CAUCUS,  
ADVOCATING FOR EPILEPSY AWARENESS AND RESEARCH FUNDING.

**MATERNAL AND INFANT HEALTH****CLINICAL PARTNERSHIP PROGRAM**

VALLEY CHILDREN'S CLINICAL PARTNERSHIP PROGRAM BRINGS TOGETHER  
INSTITUTIONS FOCUSED ON ENHANCING NEONATAL AND PEDIATRIC CARE,  
REGARDLESS OF WHETHER THE ILL OR INJURED CHILD BECOMES A VALLEY  
CHILDREN'S PATIENT. THROUGH THE PROGRAM, VALLEY CHILDREN'S PHYSICIANS  
AND STAFF PROVIDE EDUCATION AND OTHER RESOURCES FOR PARTNERING  
HEALTHCARE FACILITIES. THIS SUPPORT HELPS MINIMIZE CHILDREN BEING  
TRANSFERRED OR REFERRED UNNECESSARILY TO VALLEY CHILDREN'S AND HELPS TO  
QUICKLY IDENTIFY WHEN A CHILD NEEDS ADVANCED PEDIATRIC CARE.  
ADDITIONALLY, WITH IMPROVED COMMUNICATION AND TOOLS, THE PROGRAM  
DECREASES STRESS FOR PATIENTS AND FAMILIES, INCREASES PROVIDER  
CONFIDENCE, AND ENHANCES PERFORMANCE AT VALLEY CHILDREN'S AND THE  
PARTNERING PROVIDER.

IN 2024, VALLEY CHILDREN'S SUPPORTED 18 INPATIENT AND FOUR OUTPATIENT  
CLINICAL PARTNERS AND, AS A PART OF THAT SUPPORT, CONVENED MORE THAN 30  
TRAINING AND EDUCATION EVENTS THAT DREW MORE THAN 750 ATTENDEES. THE  
AVERAGE INVESTMENT OF TIME FOR EACH HEALTHCARE PARTNER WAS MORE THAN



**Part V Facility Information** (continued)

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

200 HOURS ANNUALLY.

MEETING FAMILIES' BASIC NEEDS: DIAPERS

ACCORDING TO RESEARCH RESULTS RELEASED BY THE NATIONAL DIAPER BANK NETWORK IN JUNE 2023, NEARLY HALF (47%) OF U.S. FAMILIES WITH YOUNG CHILDREN STRUGGLE TO AFFORD DIAPERS. BASED ON THAT SAME RESEARCH, A LACK OF ADEQUATE DIAPERS "IS ASSOCIATED WITH PHYSICAL, EMOTIONAL, AND ECONOMIC HARDSHIP TO CHILDREN AND FAMILIES." ACROSS OUR SERVICE AREA, WHERE UP TO 30% OF CHILDREN ARE LIVING IN POVERTY, THERE IS A CLEAR LINK BETWEEN FAMILY INCOME AND A FAMILY'S INABILITY TO COVER BASIC NEEDS FOR THEIR CHILDREN, INCLUDING PURCHASING DIAPERS. IN RECOGNITION OF THIS REALITY, VALLEY CHILDREN'S DONATED 49,312 DIAPERS TO COMMUNITY-BASED ORGANIZATIONS TO DISTRIBUTE TO FAMILIES IN NEED. ORGANIZATIONS RECEIVING DIAPERS INCLUDED FIRST 5 MADERA COUNTY, SAINT REST BAPTIST CHURCH AND WEST FRESNO FAMILY RESOURCE CENTER.

SAFE SLEEP FOR INFANTS

THE GUILDS CENTER FOR COMMUNITY HEALTH CONTINUED TO SUPPORT THE CENTRAL VALLEY SAFE SLEEP COALITION THAT REPRESENTS MORE THAN 50 MEMBERS IN NINE COUNTIES ACROSS THE CENTRAL VALLEY. THE COALITION, CO-CHAIRLED BY VALLEY CHILDREN'S AND FIRST 5 FRESNO COUNTY, HAS A VISION THAT EVERY PARENT AND CAREGIVER OF AN INFANT WILL HAVE ACCESS TO CULTURALLY APPROPRIATE RISK REDUCTION EDUCATION AND RESOURCES ON INFANT SLEEP, KEEPING ALL CENTRAL VALLEY INFANTS SAFE FROM PREVENTABLE CAUSES OF DEATH. COALITION MEMBERS INCLUDE REPRESENTATIVES FROM LOCAL PUBLIC HEALTH DEPARTMENTS, COUNTY FIRST 5 OFFICES, THE CALIFORNIA HEALTH COLLABORATIVE, COUNTY OFFICES OF EDUCATION, COUNTY COMMUNITY ACTION

**Part V Facility Information** (continued)

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

PARTNERSHIPS, THE BLACK WELLNESS AND PROSPERITY CENTER AND CULTURAL  
BROKERS, INC.

IN 2024, THE COALITION HOSTED ITS SECOND-ANNUAL SAFE SLEEP CONFERENCE  
THAT FOCUSED ON EDUCATORS AND INCLUDED A PANEL OF COMMUNITY HEALTH  
WORKERS (CHW) AND PARENTS WHO LOST A CHILD TO SUDDEN INFANT DEATH  
SYNDROME TO TELL THEIR STORIES. ALSO, THE COALITION DISTRIBUTED 66  
CRIBETTES INCLUDING 35 THROUGH OUR COMMUNITY PARTNERS TO INFANTS  
IDENTIFIED AS HAVING NO SAFE SLEEP ENVIRONMENTS AND CONDUCTED VIRTUAL  
TRAININGS ON SAFE SLEEP BASICS TO NEARLY 300 CHILDCARE PROVIDERS,  
HEALTHCARE STAFF AND COMMUNITY MEMBERS. THE COALITION CONTINUES TO  
WORK WITH FRESNO HOPE AND THEIR CHW NETWORK TO PROVIDE CULTURALLY  
APPROPRIATE SAFE SLEEP EDUCATION AND RESOURCES TO PARENTS IN NEED.

MENTAL HEALTH

MENTAL 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 2024, VALLEY CHILDREN'S  
DEMONSTRATED ITS COMMITMENT TO MEETING THE MENTAL HEALTH NEEDS OF  
CHILDREN IN A NUMBER OF WAYS, INCLUDING THOSE LISTED BELOW.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

IN SPRING 2024, VALLEY CHILDREN'S OLIVEWOOD PEDIATRICS PRACTICE IN  
MERCED CONCLUDED WORK ON A \$622,000 GRANT FROM THE CALIFORNIA'S ACES  
AWARE INITIATIVE TO ADDRESS ACES THROUGH INCREASED COMMUNITY  
PARTNERSHIPS, EXPANDED EDUCATION AND BROADENED SCREENING AND REFERRALS.

**Part V Facility Information** (continued)

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

THROUGH THE GRANT, VALLEY CHILDREN'S HELPED TO IDENTIFY PATIENTS AND FAMILIES AT RISK FOR POOR HEALTH OUTCOMES BECAUSE OF ACES AND TOXIC STRESS; EDUCATED PROVIDERS, STAFF AND COMMUNITY MEMBERS AROUND ACES AND TOXIC STRESS AND HOW TO INTERVENE; CONNECTED FAMILIES TO NEEDED RESOURCES; AND BUILT RESILIENCE TO BREAK THE CYCLE.

SCREENING AND REFERRALS FOR ACES HAS EXPANDED BEYOND OUR MERCED PRACTICE AND IS NOW BEING IMPLEMENTED ACROSS OUR PRIMARY CARE SITES FROM MERCED TO BAKERSFIELD. IN 2024, VALLEY CHILDREN'S PRIMARY CARE PRACTICES SCREENED MORE THAN 2,600 CHILDREN FOR ACES, WITH NEARLY 11% SCREENING POSITIVE FOR HIGH RISK OF TOXIC STRESS.

**YOUTH HEALTH AMBASSADORS**

IN MAY 2023, THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ANNOUNCED THE CHILD AND YOUTH RESILIENCE CHALLENGE, LOOKING FOR INNOVATIVE, COMMUNITY-LED INITIATIVES TO PROMOTE RESILIENCE IN CHILDREN AND ADOLESCENTS. VALLEY CHILDREN'S SUBMITTED A PROPOSAL IN CONJUNCTION WITH THE FRESNO COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP YOUTH LEADERSHIP COUNCIL AND WAS AWARDED FUNDING TO SUPPORT THE WORK OF THE PARTNERSHIP.

WITH THE FUNDING, VALLEY CHILDREN'S FACILITATED THE DEVELOPMENT OF A NOVEL, YOUTH-DRIVEN CURRICULUM TITLED, "YOUTH HEALTH AMBASSADORS" THAT COMBINES AN EVIDENCE-BASED APPROACH TO COMBAT TOXIC STRESS, WITH YOUTH LED COMMUNITY EDUCATION AND SERVICE.

**Part V Facility Information** (continued)

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

THE PROGRAM WAS SELECTED AS ONE OF 14 FINALISTS FROM MORE THAN 500 APPLICATIONS FROM ACROSS THE U.S. AND CULMINATED IN EIGHT VALLEY YOUTH FROM UNDERSERVED AND UNDER-RESOURCED COMMUNITIES PRESENTING THEIR WORK TO HHS IN WASHINGTON, D.C. THE PROGRAM IS NOW A TWO-YEAR, LONGITUDINAL CURRICULUM FOCUSED ON LEADERSHIP DEVELOPMENT SKILLS AND TRAINING.

COMMUNITY-BASED COLLABORATION AND EDUCATION

IN 2024, VALLEY CHILDREN'S CONTINUED ITS PARTICIPATION IN THE ZERO SUICIDE INITIATIVE, A NATIONAL COLLABORATIVE AIMED AT PREVENTING YOUTH SUICIDE THROUGH IMPROVED HOSPITAL SCREENING, INTERNAL SYSTEMS OF CARE AND REGIONAL COMMUNITY COLLABORATIONS. REGIONAL COLLABORATIVES, IN WHICH VALLEY CHILDREN'S PARTICIPATED, INCLUDED THE FRESNO SUICIDE PREVENTION COLLABORATIVE AND THE MADERA COUNTY SUICIDE EDUCATION AND AWARENESS COLLABORATIVE. THEY ADDRESSED ISSUES OF MENTAL HEALTH, HOMELESSNESS AND THE IMPACT ON FAMILIES.

PART V, SECTION B, LINE 11 (CONTINUED)

ADDITIONALLY, VALLEY CHILDREN'S CONTINUED ITS COLLABORATION WITH CALIFORNIA STATE UNIVERSITY FRESNO IN SUPPORT OF HEALTHY KIDS. HEALTHY FUTURES. FOCUSING ON THE HEALTH AND WELL-BEING OF KIDS IN THE CENTRAL VALLEY. HEALTHY KIDS. HEALTHY FUTURES. PROVIDES RESOURCES TO STUDENTS AND FAMILIES ON HEALTHY EATING TIPS, BACK TO SCHOOL ADVICE FOR PARENTS, AND OTHER USEFUL RESOURCES.

VIOLENCE AND INJURY PREVENTION

CHILD ABUSE PREVENTION

VALLEY CHILDREN'S GUILDS CHILD ABUSE PREVENTION AND TREATMENT CENTER'S

**Part V Facility Information** (continued)

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

MISSION IS TO PROVIDE COMPREHENSIVE SERVICES TO CHILDREN, DEPENDENT ADULTS AND THEIR FAMILIES THROUGH A MULTIDISCIPLINARY, TRAUMA-INFORMED PROGRAM, AND TO MEET THE PHYSICAL AND EMOTIONAL NEEDS OF VICTIMS WITH ABUSE CONSIDERATIONS.

THE CENTER IS RECOGNIZED IN CENTRAL CALIFORNIA AND AROUND THE STATE AS A LEADER IN ADVOCACY, INJURY PREVENTION AND ACADEMIC TRAINING. THE CENTER PRIDES ITSELF ON WORKING COLLABORATIVELY WITH PREVENTION AND INTERVENTION GROUPS THROUGHOUT THE STATE TO ENSURE THEY ARE ADDRESSING CHILD MALTREATMENT TO THE BEST OF THEIR ABILITY. THE CENTER IS CURRENTLY A MEMBER OF THE CHILD ADVOCACY CENTERS OF CALIFORNIA, CENTRAL CALIFORNIA COALITION OF CHILD ABUSE PREVENTION COUNCILS AND THE RAY E. HELPER SOCIETY FOR CHILD ABUSE PEDIATRICS.

THE GUILDS CHILD ABUSE PREVENTION AND TREATMENT CENTER INCLUDES THE CHILD ADVOCACY CLINIC, WHICH OPERATES FIVE DAYS A WEEK AND SEES APPROXIMATELY 800 CHILDREN EACH YEAR. THE CENTER'S PROVIDERS ARE ALSO AVAILABLE SEVEN DAYS A WEEK, 24 HOURS A DAY FOR EMERGENCY COVERAGE. THE CENTER INCLUDES AN INPATIENT COMPONENT THAT EVALUATES AN ADDITIONAL 100 CHILDREN ANNUALLY IN THE PEDIATRIC EMERGENCY DEPARTMENT, ACUTE-CARE AND PEDIATRIC INTENSIVE CARE UNITS. IN ADDITION TO THE MEDICAL SERVICES OFFERED, THE CENTER HAS A TEAM OF SOCIAL WORKERS AND A LICENSED MENTAL HEALTH CLINICIAN THAT PROVIDE PSYCHO-SOCIAL ASSESSMENT, LINKAGES TO COMMUNITY SERVICES AND TRAUMA THERAPY.

IN 2024, THE CENTER WORKED CLOSELY WITH LAW ENFORCEMENT, CHILD PROTECTIVE SERVICES AND DISTRICT ATTORNEYS' OFFICES IN THEIR

**Part V Facility Information** (continued)

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

INVESTIGATIVE EFFORTS OF CHILD MALTREATMENT. COLLABORATIVE EFFORTS

INCLUDED CASE CONSULTATION AND MONTHLY SUSPECT CHILD ABUSE AND NEGLECT

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.

FOR PREVENTION EDUCATION, THE CENTER CONTINUED TO COLLABORATE WITH

INTERNAL AND EXTERNAL PARTNERS TO PROVIDE EDUCATION TO PARENTS,

CAREGIVERS, HEALTHCARE PERSONNEL, TEACHERS AND MANDATED REPORTERS.

THESE PARTNERS INCLUDED RAPE COUNSELING SERVICES (RCS) OF FRESNO, CHILD

ABUSE PREVENTION COUNCILS OF CALIFORNIA, CHILD PROTECTIVE SERVICES,

DISTRICT ATTORNEY'S OFFICES, LOCAL LAW ENFORCEMENT AGENCIES, SEXUAL

ASSAULT RESPONSE TEAMS (SART), VICTIM ADVOCACY GROUPS, SCHOOL DISTRICTS

THROUGHOUT THE CENTRAL VALLEY AND COUNTY PUBLIC HEALTH DEPARTMENTS. IN

ADDITION, THE CENTER HOSTED ITS FOURTH ANNUAL CHILD ABUSE PREVENTION

CONFERENCE IN APRIL 2024 BRINGING EXPERTS IN THE FIELD OF CHILD ABUSE

TO PROVIDE EDUCATION AND INFORMATION ON BEST PRACTICES TO CHILD

PROTECTION PROFESSIONALS THROUGHOUT THE CENTRAL VALLEY.

INJURY PREVENTION PROGRAM

UNINTENTIONAL INJURY IS THE NUMBER ONE KILLER OF CHILDREN ACROSS THE

UNITED STATES AND AROUND THE WORLD. SAFE KIDS CENTRAL CALIFORNIA IS ONE

OF 400 COALITIONS THAT ARE PART OF SAFE KIDS WORLDWIDE, AN EXTENSIVE

NETWORK OF COALITIONS AND PARTNERS IN THE UNITED STATES AND AROUND THE

WORLD DEDICATED TO REDUCING INJURIES FROM MOTOR VEHICLES, SPORTS,

DROWNINGS, FALLS, BURNS, POISONINGS AND MORE. AS THE LEAD AGENCY FOR

SAFE KIDS CENTRAL CALIFORNIA, VALLEY CHILDREN'S IS A LEADER IN

**Part V Facility Information** (continued)

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

SUPPORTING PEDIATRIC INJURY PREVENTION EFFORTS THROUGHOUT CENTRAL CALIFORNIA AND IS COMMITTED TO PROVIDING RESOURCES TOWARD THESE EFFORTS. SAFE KIDS CENTRAL CALIFORNIA IS A COALITION OF 30 AGENCIES MADE UP OF HEALTHCARE, LAW ENFORCEMENT, SOCIAL SERVICES, EDUCATION, MEDIA AND OTHER ORGANIZATIONS THAT ARE DEDICATED TO PREVENTING UNINTENTIONAL INJURY IN CHILDREN.

IN 2024, VALLEY CHILDREN'S INJURY PREVENTION PROGRAM RECORDED 6,177 CONTACTS WITH COMMUNITY MEMBERS DURING 15 COMMUNITY-BASED TEACHING EVENTS ON THE FOLLOWING TOPICS: ATV SAFETY, CARBON MONOXIDE POISONING PREVENTION, CHILD PASSENGER SAFETY, CONCUSSIONS, GUN STORAGE SAFETY, HALLOWEEN SAFETY, HOME SAFETY, POISON PREVENTION, RAILROAD SAFETY, SAFE INFANT SLEEP, TEEN DRIVING, TOY SAFETY, VEHICLE SAFETY, VEHICULAR HEAT STROKE PREVENTION AND WATER SAFETY.

TO ENSURE THAT CHILDREN WERE SAFE AT HOME, VALLEY CHILDREN'S DISTRIBUTED SAFETY EQUIPMENT, INCLUDING THE FOLLOWING, TO FAMILIES IN NEED.

- 2,235 REFLECTOR FLASHLIGHTS
- 296 INFANT SAFE SLEEP SACKS
- 284 BICYCLE HELMETS
- 76 CAR SEATS
- 62 GUN SAFETY LOCKS

DISASTER PREPAREDNESS

VALLEY CHILDREN'S DONATED SPACE TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO STORE PHARMACEUTICALS TO BE USED IN REGIONAL DISASTERS OR

**Part V Facility Information** (continued)

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

**MEDICAL EMERGENCIES.****POISON CONTROL**

THE CENTRAL CALIFORNIA POISON CONTROL CENTER IS LOCATED ON THE VALLEY CHILDREN'S CAMPUS AND RECEIVED A DONATION OF OFFICE SPACE IN 2024 FROM VALLEY CHILDREN'S. THE CENTER ANSWERS CALLS 24 HOURS A DAY, SEVEN DAYS A WEEK AND PROVIDES EXPERT ADVICE AND INFORMATION REGARDING EXPOSURE TO POTENTIALLY HARMFUL SUBSTANCES.

SIGNIFICANT NEEDS VALLEY CHILDREN'S DOES NOT INTEND TO ADDRESS KNOWING THAT THERE ARE NOT SUFFICIENT RESOURCES TO ADDRESS ALL THE COMMUNITY HEALTH NEEDS, VALLEY CHILDREN'S CHOOSES TO CONCENTRATE ON THOSE HEALTH NEEDS THAT CAN MOST EFFECTIVELY BE ADDRESSED GIVEN THE ORGANIZATION'S AREAS OF FOCUS AND EXPERTISE. VALLEY CHILDREN'S WILL NOT DIRECTLY ADDRESS THE REMAINING HEALTH NEEDS IDENTIFIED IN THE CHNA, INCLUDING ECONOMIC INSECURITY, HOUSING AND HOMELESSNESS, AND SUBSTANCE USE. ALSO, AS POINTED OUT EARLIER, THIS REPORT IS NOT EXHAUSTIVE OF EVERYTHING VALLEY CHILDREN'S DOES TO ENHANCE THE HEALTH AND WELLBEING OF THE COMMUNITIES WE SERVE. VALLEY CHILDREN'S WILL CONTINUE TO LOOK FOR OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS WHERE IT CAN APPROPRIATELY CONTRIBUTE TO ADDRESSING THOSE NEEDS, EITHER DIRECTLY OR IN COLLABORATION WITH OTHERS.

PART V, SECTION B, LINE 13H:

FACILITY REPORTING GROUP - A

200% OR LESS FEDERAL POVERTY GUIDELINES (FPG) - FULL CHARITABLE



**Part V Facility Information** (continued)

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

DISCOUNT \$0 CHARGES.

201%-400% FPG - LOW INCOME DISCOUNT NO MORE THAN APPLICABLE MEDICAL RATES IN EFFECT AT DATE OF SERVICE. WHERE MEDICAL RATES CANNOT BE DETERMINED 75% DISCOUNT FROM CHARGES.

400% - HIGH MEDICAL COST DISCOUNT, INCOME FOR THE LAST 12 MONTHS DOES NOT EXCEED 400% 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 MEDICAL RATES IN EFFECT AT DATE OF SERVICE. WHERE MEDICAL RATES CANNOT BE DETERMINED 75% DISCOUNT FROM CHARGES.

PROMPT PAY DISCOUNT: VALLEY CHILDREN'S WILL EXTEND A 45% PROMPT PAY DISCOUNT TO THOSE SELF-PAY PATIENTS WHO WISH TO PAY THEIR ENTIRE OUTSTANDING BALANCE IMMEDIATELY. INSURED PATIENTS WITH NON-COVERED SERVICES WHICH ARE DEEMED MEDICALLY NECESSARY AND WISH TO PAY THEIR OUTSTANDING BALANCE IMMEDIATELY WILL BE ELIGIBLE FOR A 45% DISCOUNT UPON REQUEST.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.VALLEYCHILDRENS.ORG/PATIENTS-AND-FAMILIES/RECORDS-BILLING/FINANCIAL-AID](https://www.valleychildrens.org/patients-and-families/records-billing/financial-aid)

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.VALLEYCHILDRENS.ORG/PATIENTS-AND-FAMILIES/RECORDS-BILLING/FI](https://www.valleychildrens.org/patients-and-families/records-billing/financial-aid)

**Part V Facility Information** (continued)

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

NANCIAL-AID

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.VALLEYCHILDRENS.ORG/PATIENTS-AND-FAMILIES/RECORDS-BILLING/FI](https://www.valleychildrens.org/patients-and-families/records-billing/fi)

NANCIAL-AID

PART V, LINE 16J, FAP OTHER INFORMATION:

ADDITIONALLY THE POLICY IS SENT BY US POSTAL SERVICE TO COMMUNITY  
AGENCIES TO BE DISTRIBUTED.

VALLEY CHILDREN'S MAINTAINS A LIST OF PROVIDERS IN A DOCUMENT SEPARATE  
FROM THE FINANCIAL ASSISTANCE POLICY. MEMBERS OF THE PUBLIC MAY  
READILY OBTAIN A COPY FREE OF CHARGE, BOTH ONLINE AND ON PAPER, AS  
REQUIRED BY IRS NOTICE 2015-46. THE LINK TO THE WEBSITE IS:  
[HTTPS://WWW.VALLEYCHILDRENS.ORG/FIND-A-DOCTOR/FIND-A-DOCTOR](https://www.valleychildrens.org/find-a-doctor/find-a-doctor)



**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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

N/A

PART I, LINE 6A:

N/A

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 MEDICAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. THIS DECISION SUPPORT SYSTEM ADDRESSES ALL PATIENT SEGMENTS (I.E INPATIENT, OUTPATIENT, ETC.).

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 13,481,552.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

COSTING METHODOLOGY:

ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE ESTIMATED BASED ON HISTORICAL WRITE-OFF PERCENTAGES. 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.

PART III, LINE 4:

FOOTNOTE DESCRIBING BAD DEBT EXPENSE: SEE PAGE 15-16 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

MEDICARE ALLOWABLE COST IS CALCULATED USING THE FILED 2024 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.

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.

PART VI, LINE 2:

IN ADDITION TO PERFORMING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA),

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

THE FACILITY HAS MADE ITS MOST RECENT FY2022 CHNA AVAILABLE ON ITS PUBLIC WEBSITE AND ASKS FOR PUBLIC COMMENTS TO SOLICIT ADDITIONAL INFORMATION AND INPUT ON COMMUNITY HEALTH NEEDS. FACILITY STAFF ACTIVELY PARTICIPATE IN LOCAL COLLABORATIVE GROUPS THAT CONVENE TO IDENTIFY AND ADDRESS COMMUNITY HEALTH AND WELFARE NEEDS. MEMBERS OF FACILITY STAFF SERVE ON COMMUNITY ORGANIZATION GOVERNING BOARDS AND ADVISORY BODIES TO PUBLIC HEALTH AGENCIES, AND INFORMATION OBTAINED FROM THIS ACTIVE COMMUNITY INVOLVEMENT FACTORS INTO IDENTIFICATION OF COMMUNITY HEALTH NEEDS.

PART VI, LINE 3:

ENROLLMENT IN HEALTH INSURANCE

VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDICAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED THE FAMILIES WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES.

PART VI, LINE 4:

VALLEY CHILDREN'S HEALTHCARE IS CENTRAL CALIFORNIA'S ONLY HIGH-QUALITY, COMPREHENSIVE HEALTHCARE NETWORK DEDICATED TO CHILDREN, FROM BEFORE BIRTH TO YOUNG ADULthood, AS WELL AS TO HIGH-RISK PREGNANT WOMEN, OFFERING HIGHLY SPECIALIZED MEDICAL AND SURGICAL SERVICES TO CARE FOR CONDITIONS RANGING FROM COMMON TO THE HIGHLY COMPLEX.

VALLEY CHILDREN'S SERVICE AREA IS FOCUSED ON THE SEVEN COUNTIES THAT COLLECTIVELY ACCOUNT FOR MORE THAN 90% OF VALLEY CHILDREN'S INPATIENT AND OUTPATIENT VOLUME. THOSE COUNTIES ARE FRESNO, KERN, KINGS, MADERA, MERCED,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

STANISLAUS AND TULARE.

THE TOTAL POPULATION OF VALLEY CHILDREN'S HOSPITAL'S SEVEN-COUNTY SERVICE AREA COUNTIES IS 3,454,760. DENSITIES RANGED FROM 72.74 PERSONS PER SQUARE MILE IN MADERA COUNTY TO 363.09 PERSONS PER SQUARE MILE IN STANISLAUS COUNTY. THE PERCENTAGE OF CHILDREN AND TEENS, AGES 0 TO 17, RANGED FROM 27.2% IN KINGS COUNTY AND STANISLAUS COUNTY TO 31.0% IN TULARE COUNTY, AS COMPARED TO CALIFORNIA AT 23.0%. THE PERCENTAGE OF ADULTS, AGES 18 TO 64, RANGED FROM 57.9% IN TULARE COUNTY TO 62.8% IN KINGS COUNTY. THE PERCENTAGE OF ADULTS, AGES 65 AND OLDER, RANGED FROM 10.0% IN KINGS COUNTY TO 13.8% IN MADERA COUNTY.

AMONG SERVICE AREA COUNTIES, THE HISPANIC OR LATINO POPULATIONS RANGED FROM 46.3% IN STANISLAUS COUNTY TO 64.6% IN TULARE COUNTY. WHITE POPULATIONS RANGED FROM 27.6% IN MERCED COUNTY TO 41.9% IN STANISLAUS COUNTY. ASIAN POPULATIONS RANGED FROM 1.9% IN MADERA COUNTY TO 10.1% IN FRESNO COUNTY. BLACK OR AFRICAN AMERICAN POPULATIONS RANGED FROM 1.3% IN TULARE COUNTY TO 5.8% IN KINGS COUNTY.

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNUALLY UPDATES OFFICIAL POVERTY LEVELS. IN 2019, THE FEDERAL POVERTY LEVEL (FPL) WAS AN ANNUAL INCOME OF \$12,490 FOR ONE PERSON AND \$25,750 FOR A FAMILY OF FOUR. AMONG RESIDENTS OF THE SERVICE AREA COUNTIES, POVERTY RATES RANGED FROM 15.1% IN STANISLAUS COUNTY TO 23.8% IN TULARE COUNTY. LOW-INCOME RATES (200% OF FPL OR BELOW) IN THE SERVICE AREA RANGED FROM 37.9% IN STANISLAUS COUNTY TO 50.1% IN TULARE COUNTY. ADULTS, BELOW 200% FPL, RECEIVING FOOD STAMPS, RANGED FROM 11.0% IN KINGS COUNTY TO 32.0% IN FRESNO COUNTY. PARENTS OR GUARDIANS OF ELIGIBLE CHILDREN WHO PARTICIPATED IN THE WOMEN, INFANTS, AND

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

CHILDREN (WIC) PROGRAM RANGED FROM 44.5% IN MADERA COUNTY TO 82.6% IN MERCED COUNTY.

THE HEALTHY PEOPLE 2030 OBJECTIVE FOR HEALTH INSURANCE COVERAGE FOR ALL POPULATION GROUPS IS 92.1%. HEALTH INSURANCE COVERAGE FOR ALL POPULATIONS RANGED FROM 91.7% IN FRESNO, MADERA, AND MERCED COUNTIES TO 94.3% IN STANISLAUS COUNTY. HEALTH INSURANCE COVERAGE FOR CHILDREN AND YOUTH, AGES 0 TO 18, RANGED FROM 96.1% IN MADERA COUNTY TO 97.8% IN STANISLAUS COUNTY. CHILDREN AND YOUTH, AGES 0 TO 18, WHO HAD MEDICAID (MEDI-CAL) HEALTH INSURANCE COVERAGE RANGED FROM 43.2% IN STANISLAUS COUNTY TO 70.4% IN TULARE COUNTY. IN 2024, 75.7% OF VALLEY CHILDREN'S INPATIENT AND 72% OF OUTPATIENT VISITS WERE COVERED BY MEDICAID.

ALL SERVICE AREA COUNTIES HAVE ONE OR MORE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

THE GOVERNING BOARD OF VALLEY CHILDREN'S HOSPITAL IS PRIMARILY COMPRISED OF MEMBERS OF THE COMMUNITY WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS.

THE HOSPITAL FACILITY MAINTAINS AN OPEN MEDICAL STAFF EXCEPT IN RARE INSTANCES WHEN A CLINICAL DEPARTMENT IS "CLOSED" IN ACCORDANCE WITH CALIFORNIA LAW FOR HOSPITAL-BASED SERVICES.

AS A NONPROFIT ORGANIZATION, ANY SURPLUS FUNDS ARE INVESTED BACK INTO

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

PROVIDING HEALTH CARE SERVICES AND RESOURCES TO THE COMMUNITY, INCLUDING BUT NOT LIMITED TO NEW PATIENT CARE LOCATIONS AND EQUIPMENT, EXPANDED PROGRAMS AND SERVICES, AND THE TRAINING OF PHYSICIANS, NURSES, AND OTHER HEALTH PROFESSIONALS. VALLEY CHILDREN'S PEDIATRIC RESIDENCY PROGRAM IS AFFILIATED WITH THE STANFORD UNIVERSITY SCHOOL OF MEDICINE AND PROVIDES GENERAL AND ADVANCED CLINICAL PEDIATRIC TRAINING. THE PROGRAM PLAYS A CRITICAL ROLE IN MEETING THE PEDIATRIC PHYSICIAN NEEDS OF THE CENTRAL VALLEY.

THE RESEARCH PROGRAM AT VALLEY CHILDREN'S HOSPITAL CONSISTS OF NATIONAL MULTI-CENTER CLINICAL TRIALS AND LOCALLY GENERATED, PHYSICIAN-INITIATED RESEARCH STUDIES. OUR FOCUS IS TO PARTICIPATE IN STUDIES THAT ARE TAILORED TO MEET THE VARYING NEEDS OF OUR PATIENT POPULATION. VALLEY CHILDREN'S ONCOLOGY RESEARCH PROGRAM IS A MEMBER OF THE CHILDREN'S ONCOLOGY GROUP, AN INTERNATIONAL NETWORK OF CLINICAL TRIALS, WHICH IS FEDERALLY FUNDED BY THE NATIONAL CANCER INSTITUTE.

PART VI, LINE 6:

N/A

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

CA

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BUDDHIST TZU CHI FOUNDATION 3898 N ANN AVE FRESNO, CA 93727	94-2952782	501(C)(3)	10,000.	0.			SPONSORSHIP
CHILDREN'S MOVEMENT OF FRESNO 4949 E KINGS CANYON RD, STE 202 FRESNO, CA 93706	94-6003272	501(C)(3)	8,500.	0.			SPONSORSHIP
CULTURAL BROKERS INC 2025 E DAKOTA AVE #223 FRESNO, CA 93706	45-5495386	501(C)(3)	20,000.	0.			DONATION
FOODLINK TULARE COUNTY 611 2ND ST. EXETER, CA 93221	94-2558802	501(C)(3)	13,037.	0.			SPONSORSHIP
MAKE A WISH 351 W CROMWELL AVE STE 112-A FRESNO, CA 93711	68-0027351	501(C)(3)	7,500.	0.			SPONSORSHIP
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	65,000.	0.			SPONSORSHIP AND DONATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **18.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) 2023**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POVERELLO HOUSE 412 F ST FRESNO, CA 93706	77-0007985	501(C)(3)	20,000.	0.			DONATION
SAN JOAQUIN RIVER PARKWAY 11605 OLD FRIANT RD FRESNO, CA 93730	77-0196692	501(C)(3)	30,000.	0.			SPONSORSHIP AND DONATION
THE BOYS & GIRLS CLUBS OF FRESNO COUNTY - 540 N. AUGUSTA AVE - FRESNO, CA 93701	94-1149171	501(C)(3)	5,500.	0.			DONATION
THE FOUNDATION @ FCOE 1111 VAN NESS 3RD FLR FRESNO, CA 93706	80-0381096	501(C)(3)	12,500.	0.			SPONSORSHIP
UNITED WAY OF STANISLAUS COUNTY 422 MCHENRY AVE MODESTO, CA 95354	94-1212129	501(C)(3)	7,500.	0.			DONATION
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	46-4158433	501(C)(3)	975,000.	0.			CONTRIBUTION
WEST FRESNO FAMILY RESOURCE CENTER 1802 E CALIFORNIA AVE FRESNO, CA 93706	77-0577093	501(C)(3)	10,700.	0.			SPONSORSHIP
CENTRAL VALLEY COMMUNITY FOUNDATION - 1260 FULTON STREET, STE 200 - FRESNO, CA 93706	77-0478025	501(C)(3)	25,000.	0.			SPONSORSHIP
THE DOLLYWOOD FOUNDATION 111 E MAIN ST, 2ND FLR SEVLERVILLE, TN 37764	62-1348105	501(C)(3)	30,000.	0.			DONATION

Schedule I (Form 990)

[illegible]

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NURSING SCHOLARSHIP	9	22,500.	0.		
EDUCATION SCHOLARSHIP - RESPIRATORY FOCUS	2	1,500.	0.		
CAFETERIA MEALS	17767	0.	109,267.	FMV	MEAL COUPONS FOR PATIENT FAMILIES
TAXI, BUS AND TRANSIT SERVICES	15235	0.	200,592.	BOOK	SUBSIDIZATION OF BUS AND TRANSIT SERVICES
CANCER SURVIVORSHIP SCHOLARSHIP	48	48,000.	0.		

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

**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.

CANCER SURVIVORSHIP SCHOLARSHIPS ARE DESIGNED TO HELP HOSPITAL PEDIATRIC

**Part IV** Supplemental Information

CANCER SURVIVORS WITH THEIR COLLEGE/VOCATIONAL EDUCATION EXPENSES. A COMMITTEE REVIEWS APPLICATIONS ON AN ANNUAL BASIS AND APPROVES THE SCHOLARSHIP. ALL RECIPIENTS ARE CURRENT OR FORMER PATIENTS OF THE HOSPITAL'S CANCER AND BLOOD DISORDER CENTER.

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

**Part I Questions Regarding Compensation**

**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 type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <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? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**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.

**Only section 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? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TODD SUNTRAPAK CEO	(i)	1,696,750.	598,969.	907,965.	30,180.	36,303.	3,270,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BEVERLY HAYDEN-PUGH, FORMER CNO, SVP/ADVR TO CEO (AS OF 3/23)	(i)	564,061.	272,568.	718,584.	116,917.	17,698.	1,689,828.	577,609.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE WALDRON, FORMER CFO, EVP & PRINC. CNSLT TO CEO (AS OF 10/23)	(i)	506,380.	476,624.	422,358.	30,180.	16,991.	1,452,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID CHRISTENSEN, MD SVP, CPE & PRESIDENT VCMG	(i)	854,764.	177,845.	212,871.	30,180.	32,191.	1,307,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NATALE PONTICELLO JR, FORMER CPO, SVP/ADVR TO SVP&CPO (AS OF 3/23)	(i)	323,995.	87,384.	623,680.	99,238.	1,193.	1,135,490.	559,747.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOLIE LIMON, MD, VP ACAD AFFAIRS, DIO & CHI (THRU 10/23)	(i)	327,354.	0.	639,419.	90,401.	26,189.	1,083,363.	167,863.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOEL BROWNELL, MD VP, CHIEF MED INFO OFF. (THRU 9/23)	(i)	278,414.	0.	611,720.	80,457.	19,648.	990,239.	164,011.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID HODGE JR VP, MEDICAL GROUP & ANCILLARY OP	(i)	492,048.	88,507.	178,087.	102,855.	32,191.	893,688.	70,399.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DANIELLE BARRY SVP, COO	(i)	519,848.	106,973.	143,594.	82,241.	34,326.	886,982.	49,185.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JANE WILLSON SVP, CHIEF STRATEGY OFFICER	(i)	465,532.	98,760.	180,210.	102,649.	8,422.	855,573.	72,388.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL GOLDRING SVP STRATEGIC PARTNERSHIPS	(i)	523,554.	106,425.	139,006.	30,180.	11,172.	810,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) WILLIAM CHALTRAW, JR. SVP, CHIEF LEGAL OFFICER	(i)	490,239.	104,438.	140,048.	23,537.	32,591.	790,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KAREN DAHL, MD VP, MED AFFAIRS & PHYS DEV	(i)	465,126.	87,730.	125,611.	95,315.	11,781.	785,563.	65,617.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LYNNE ASHBECK SVP, CHIEF COMMUNITY IMPACT OFFICER	(i)	432,744.	87,241.	159,988.	94,904.	0.	774,877.	64,741.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KEVIN SHIMAMOTO, FORMER CIO, VP AND ADVISOR TO CIO (THRU 9/24)	(i)	429,112.	80,717.	138,742.	98,235.	8,422.	755,228.	68,057.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEPHANIE VANCE VP, FINANCE (THRU 11/23)	(i)	357,128.	108,920.	113,793.	85,031.	32,191.	697,063.	50,747.
	(ii)	0.	0.	0.	0.	0.	0.	0.



**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 aren't 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 and/or 1099-NEC 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				
(17) JOSEPH EGAN VP & CIO	(i)	398,320.	72,171.	110,107.	67,034.	41,013.	688,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KELLY BEALL, SVP/CHIEF PEOPLE OFFICER (AS OF 3/23)	(i)	391,964.	79,996.	67,789.	51,651.	39,013.	630,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VICKY TILTON, VP PATIENT CARE SVCS/CNO (AS OF 3/23)	(i)	378,998.	69,699.	24,832.	49,543.	32,005.	555,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) TINA MYCROFT SVP & CFO (AS OF 10/23)	(i)	267,848.	99,658.	41,713.	0.	11,082.	420,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) KELLIE DYER, VP SUPPLY, CONSTR & FAC. (AS OF 1/23)	(i)	264,051.	44,133.	45,442.	20,725.	9,947.	384,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JESSIE HUDGINS VP, FACILITIES & SUPPORT (THRU 1/23)	(i)	12,009.	0.	249,903.	72,062.	691.	334,665.	55,415.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 3:**

VALLEY CHILDREN'S HOSPITAL RELIED ON A RELATED ORGANIZATION, VALLEY CHILDREN'S HEALTHCARE, TO ESTABLISH THE COMPENSATION AND BENEFITS USING ALL OF THE METHODS INCLUDED ON LINE 3 EXCEPT "FORM 990 OF OTHER ORGANIZATIONS" AND "WRITTEN EMPLOYMENT CONTRACT."

**PART I, LINES 4A-B:**

SEVERANCE PAYMENTS TOTALING \$393,078 AND \$419,557 WERE MADE TO JOEL BROWNELL AND JOLIE LIMON, RESPECTIVELY DURING THE CALENDAR YEAR AND ARE INCLUDED IN PART II, COLUMN B(III). THE SEVERANCE PAYMENTS ARE SUBJECT TO A CONFIDENTIALITY CLAUSE; TERMS AND CONDITIONS OF THE AGREEMENTS WILL BE PROVIDED TO THE IRS UPON REQUEST.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS INCLUDE 1) A NONCONTRIBUTORY, NONQUALIFIED DEFERRED COMPENSATION PLAN FOR A SELECT GROUP OF MANAGEMENT CALLED THE DEFINED CONTRIBUTION SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (DCSERP), 2) A SPLIT DOLLAR LIFE INSURANCE PROGRAM USED AS A RETENTION TOOL FOR CERTAIN KEY EXECUTIVES. PARTICIPANTS OF THIS PROGRAM FORFEIT

**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.

ELIGIBILITY FOR THE DCSERP (SEE SCHEDULE L PART V FOR A BROADER  
DESCRIPTION) AND 3) AN ADDITIONAL DEFERRED COMPENSATION PLAN BENEFITTING  
CERTAIN KEY EXECUTIVES (457F RT).

\$1,088,761 WAS PAID OUT OF THE DCSERP PLAN DURING THE YEAR.

DCSERP PAYOUT AND EMPLOYER ACCRUAL TO THE DCSERP FOR CALENDAR YEAR 2023 ARE  
AS FOLLOWS:

BEVERLY HAYDEN-PUGH - DCSERP PAYOUT \$86,760; ACCRUAL \$86,737

JESSIE HUDGINS - DCSERP PAYOUT \$55,415; ACCRUAL \$51,311

JANE WILLSON - DCSERP PAYOUT \$72,388; ACCRUAL \$72,369

STEPHANIE VANCE - DCSERP PAYOUT \$50,747; ACCRUAL \$54,851

NATALE PONTICELLO - DCSERP PAYOUT \$105,414; ACCRUAL \$70,014

**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.

KAREN DAHL - DCSERP PAYOUT \$65,617; ACCRUAL \$70,948

KEVIN SHIMAMOTO - DCSERP PAYOUT \$68,057; ACCRUAL \$67,982

DANIELLE BARRY - DCSERP PAYOUT \$49,185; ACCRUAL \$70,041

JOEL BROWNELL - DCSERP PAYOUT \$164,011; ACCRUAL \$56,377

DAVID HODGE JR - DCSERP PAYOUT \$70,399; ACCRUAL \$72,675

LYNNE ASHBECK - DCSERP PAYOUT \$64,741; ACCRUAL \$64,724

JOLIE LIMON - DCSERP PAYOUT \$167,863; ACCRUAL \$60,221

VICKY TILTON - DCSERP ACCRUAL \$37,343

KELLY BEALL - DCSERP ACCRUAL \$29,006

JOSEPH EGAN - DCSERP ACCRUAL \$36,854

**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.

MICHAEL GOLDRING, WILLIAM CHALTRAW, JR, DAVID CHRISTENSEN, TODD SUNTRAPAK,  
MICHELE WALDRON, DANIELLE BARRY, KELLY BEALL, AND VICKY TILTON PARTICIPATE  
IN THE SPLIT-DOLLAR LIFE INSURANCE PROGRAM IN LIEU OF THE DC SERP. THE  
EFFECTIVE DATE OF PARTICIPATION FOR DANIELLE BARRY, VICKY TILTON AND KELLY  
BEALL WAS MAY 2023, AND THE DC SERP CONTRIBUTIONS WERE SUBSEQUENTLY  
FORFEITED.

BEVERLY HAYDEN-PUGH AND NATALE PONTICELLO PARTICIPATE IN A 457F RT DEFERRED  
COMPENSATION PLAN. THE FOLLOWING AMOUNTS PAID DURING THE 2023 CALENDAR  
YEAR:

BEVERLY HAYDEN-PUGH - \$490,849

NATALE PONTICELLO - \$454,332

PART I, LINE 7:

AN INCENTIVE PLAN HAS BEEN ESTABLISHED THAT ALLOWS FOR PAYMENT OF  
INCENTIVES BASED ON NETWORK WIDE GOALS TO QUALIFYING INDIVIDUALS. SUCH

**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.

GOALS ARE RELATED TO A VARIETY OF METRICS INCLUDING 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 AND APPROVES THE PLAN GOALS AT THE BEGINNING OF THE PLAN YEAR AND ACHIEVEMENT OF THESE GOALS, AND FORECASTED PAYOUTS, AT THE END OF EACH YEAR.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 section 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

**Part II Loans to and/or From Interested Persons**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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 SUNTRAPA	OFFICER	SPLIT IN		X	11109107.	11594071.		X	X		X	
(2) MICHELE WALDR	FORMER O	SPLIT IN		X	9,721,634.	10150122.		X	X		X	
(3) DAVID CHRISTE	KEY EMPL	SPLIT IN		X	5,282,545.	5,513,152.		X	X		X	
(4) WILLIAM CHALT	KEY EMPL	SPLIT IN		X	2,122,641.	2,215,304.		X	X		X	
(5) MICHAEL GOLDR	HIGHEST	SPLIT IN		X	5,498,581.	5,738,619.		X	X		X	
(6) TODD SUNTRAPA	OFFICER	SEE BELO		X	5,000,000.	4,330,703.		X	X		X	
(7) DANIELLE BARR	KEY EMPL	SPLIT IN		X	5,061,842.	5,317,642.		X	X		X	
(8) KELLY BEALL	KEY EMPL	SPLIT IN		X	5,657,652.	5,943,562.		X	X		X	
(9) VICKY TILTON	KEY EMPL	SPLIT IN		X	4,494,584.	4,721,719.		X	X		X	
(10) WILLIAM CHALT	KEY EMPL	SPLIT IN		X	3,140,219.	3,298,911.		X	X		X	
Total						\$ 58823805.						

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: TODD SUNTRAPAK

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: MICHELE WALDRON

(B) RELATIONSHIP WITH ORGANIZATION: FORMER OFFICER

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: DAVID CHRISTENSEN

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: WILLIAM CHALTRAW

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: MICHAEL GOLDRING

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: TODD SUNTRAPAK

(C) PURPOSE OF LOAN: SEE BELOW STATEMENT 2

(A) NAME OF PERSON: DANIELLE BARRY

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: KELLY BEALL

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: VICKY TILTON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

(A) NAME OF PERSON: WILLIAM CHALTRAW

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SPLIT INTEREST INSURANCE

## PART II, COLUMN C:

STATEMENT 1: THE HOSPITAL HAS ENTERED INTO LIFE INSURANCE-BASED ARRANGEMENTS WITH CERTAIN KEY EXECUTIVES WHO FORFEITED THEIR PARTICIPATION IN THE DC SERP PLAN. THE PURPOSE OF THESE ARRANGEMENTS IS TO RETAIN THE EXECUTIVES FOR A SPECIFIED PERIOD OF TIME AND THEREFORE ACCESS TO THIS BENEFIT IS SUBJECT TO EXTENDED VESTING REQUIREMENTS. THE HOSPITAL FULLY FUNDED THE PREMIUMS ON THE ASSOCIATED LIFE INSURANCE POLICIES AT IMPLEMENTATION AND THERE ARE NO ADDITIONAL FUNDING REQUIREMENTS. UNDER THE ARRANGEMENTS, THE HOSPITAL WILL ACCRUE

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

INVESTMENT RETURNS AND INTEREST ON THE PREMIUMS PAID FOR THE LIFE INSURANCE POLICIES. UPON THE DEATH OF A COVERED EXECUTIVE, THE HOSPITAL WILL BE REPAID THE INVESTMENT AND ACCRUED RETURNS, THE EXECUTIVES' BENEFICIARIES WILL RECEIVE AS A DEATH BENEFIT AN AMOUNT EQUAL TO THE MOST RECENT PROJECTION OF THE TOTAL VESTED LIFETIME AMOUNT AVAILABLE, LESS ANY AMOUNTS BORROWED BY THE EXECUTIVE AFTER THE DATE OF THE PROJECTION, AND ANY REMAINING EXCESS PROCEEDS WILL BE DONATED TO THE HOSPITAL TO BE USED TO SERVE THE COMMUNITY AND OTHERWISE FULFILL THE MISSION. THE VALUE OF THE DONATION (THE ESTIMATED EXCESS PROCEEDS THAT WOULD REMAIN) AS OF 9/30/24 IS ESTIMATED TO BE IN EXCESS OF \$78.6M IN THE AGGREGATE WITH RESPECT TO THESE KEY EXECUTIVES.

STATEMENT 2: LOAN FOR RESIDENCE AS A RETENTION INCENTIVE IN LIEU OF OTHER COMPENSATION. ANNUAL LOAN REDUCTION REPRESENTS TAXABLE INCOME REPORTED IN SCHEDULE J PART II B (III) AS OTHER REPORTABLE COMPENSATION.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

FORM 990, PART VI, SECTION A, LINE 2:

LISA SMITTCAMP AND BILL SMITTCAMP HAVE A FAMILY RELATIONSHIP.

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.

FORM 990, PART VI, SECTION A, LINE 7A:

SEE ANSWER FOR LINE 6 ABOVE

FORM 990, PART VI, SECTION A, LINE 7B:

SEE ANSWER FOR LINE 6 ABOVE

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. IN ADDITION, A MEETING IS HELD TO  
REVIEW THE FORM 990 AND PROVIDE FOR ADDITIONAL TIME TO ANSWER QUESTIONS.  
CHANGES CAN THEN BE MADE IF WARRANTED BEFORE THE 990 IS FILED.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

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.

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

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

Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

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.

FORM 990, PART VI, SECTION B, LINE 16B:

THE ORGANIZATION'S BOARD OF DIRECTOR'S ADOPTED A WRITTEN POLICY IN 2025

GOVERNING JOINT VENTURE PARTICIPATION. HOWEVER, THIS POLICY WAS NOT

OPERATIVE DURING THE APPLICABLE TAX YEAR. HOWEVER, AS A MATTER OF

PRACTICE, ANY JOINT VENTURE OR OTHER ARRANGEMENT WOULD BE REVIEWED BY

BOTH INTERNAL AND EXTERNAL LEGAL COUNSEL, AS WELL AS OTHER QUALIFIED

ADVISORS, TO CONSIDER THE IMPACTS OF THE JOINT VENTURE OR SIMILAR

ARRANGEMENT ON THE TAX-EXEMPT STATUS OF THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL MEDICAL FEES:

PROGRAM SERVICE EXPENSES	93,890,656.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	93,890,656.
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PROFESSIONAL FEES - OTHER:

PROGRAM SERVICE EXPENSES	23,421,052.
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MANAGEMENT AND GENERAL EXPENSES	142,985.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	23,564,037.
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CONSULTING & SERVICE FEES - ON PARENT:

PROGRAM SERVICE EXPENSES	0.
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Name of the organization

VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

MANAGEMENT AND GENERAL EXPENSES 120,621.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 120,621.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 117,575,314.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON SALE OF ASSETS 161,218.

PASS-THROUGH INVESTMENT LOSS 3,051,050.

TOTAL TO FORM 990, PART XI, LINE 9 3,212,268.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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
HERNDON TEMPERANCE LLC - 81-2808671 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	REAL PROPERTY	CALIFORNIA	721,800.	5,828,158.	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
VALLEY CHILDREN'S HEALTHCARE FOUNDATION - 94-2797447, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S HEALTHCARE & RELATED	CALIFORNIA	501(C)(3)	LINE 7	VALLEY CHILDREN'S HEALTHCARE		X
VALLEY CHILDREN'S MEDICAL GROUP - 46-4150987 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	HEALTH CARE	CALIFORNIA	501(C)(3)	LINE 10	VALLEY CHILDREN'S HEALTHCARE	X	
VALLEY CHILDREN'S HEALTHCARE - 46-4158433 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	HEALTH CARE	CALIFORNIA	501(C)(3)	LINE 12C, III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

**SEE PART VII FOR CONTINUATIONS**

**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	
FOWLER BUSINESS & PROFESSIONAL PARK LLC - 47-1813772, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA COMPASS HEALTH ADMINISTRATORS, LLC - 82-2891309, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA	REAL ESTATE INVESTMENT	CA	N/A	RELATED	400,722.	16,779,198.	X		N/A	X		50.00%
	BENEFIT ADMIN	CA	N/A	N/A	N/A	N/A	X		N/A	X		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
VALLEY CHILDREN'S HOLDINGS I, LLC - 37-1872422, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION - 30-1030354, 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636	PROPERTY OWNERS ASSOCIATION	CA	FOWLER BUSINESS & PROFESSIONAL	C CORP	0.	8,086.	50.00%		X



**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY CHILDREN'S MEDICAL GROUP	M	68,105,284.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

**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.

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME OF RELATED ORGANIZATION:**

VALLEY CHILDREN'S HEALTHCARE FOUNDATION

PRIMARY ACTIVITY: PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S  
HEALTHCARE & RELATED ENTITIES**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:****NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

FOWLER BUSINESS &amp; PROFESSIONAL PARK LLC

EIN: 47-1813772

9300 VALLEY CHILDREN'S PLACE

MADERA, CA 93636

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

COMPASS HEALTH ADMINISTRATORS, LLC

EIN: 82-2891309

9300 VALLEY CHILDREN'S PLACE

MADERA, CA 93636

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:****NAME OF RELATED ORGANIZATION:**FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS  
ASSOCIATION

DIRECT CONTROLLING ENTITY: FOWLER BUSINESS &amp; PROFESSIONAL PARK LLC