

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

- 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): 9300 VALLEY CHILDRENS PLACE. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: MADERA, CA 936368762

D Employer identification number: 94-1294954. E Telephone number: (559) 353-3000. G Gross receipts \$ 1,271,080,516

F Name and address of principal officer: TODD SUNTRAPAK, 9300 VALLEY CHILDRENS PLACE, MADERA, CA 936368762

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. 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

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 2023-08-14
Date

STEPHANIE VANCE VICE PRESIDENT, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-08-14	Check <input type="checkbox"/> if self-employed	PTIN P00366884
Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318	
Firm's address ▶ 3121 W MARCH LN STE 200 STOCKTON, CA 952192367			Phone no. (209) 955-6100	

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
 TO PROVIDE HIGH QUALITY COMPREHENSIVE HEALTHCARE SERVICES TO CHILDREN REGARDLESS OF THEIR ABILITY TO PAY AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **148,469,026** including grants of \$ **5,311,220**) (Revenue \$ **725,567,902**)
 SEE SCHEDULE O

4b (Code:) (Expenses \$ **445,714,849** including grants of \$) (Revenue \$ **314,210,684**)
 SEE SCHEDULE O

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

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

4e Total program service expenses ▶ **594,183,875**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		

	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	44	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
	1a 291		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		

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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 50px;">2a</td> <td style="width: 200px;">3,909</td> </tr> </table>	2a	3,909		
2a	3,909				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			<table border="1"> <tr> <td style="width: 50px;">2b</td> <td style="width: 50px;">Yes</td> </tr> </table>	2b	Yes
2b	Yes				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			<table border="1"> <tr> <td style="width: 50px;">3a</td> <td style="width: 50px;">Yes</td> </tr> </table>	3a	Yes
3a	Yes				
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			<table border="1"> <tr> <td style="width: 50px;">3b</td> <td style="width: 50px;">Yes</td> </tr> </table>	3b	Yes
3b	Yes				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<table border="1"> <tr> <td style="width: 50px;">4a</td> <td style="width: 50px;">No</td> </tr> </table>	4a	No
4a	No				
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<table border="1"> <tr> <td style="width: 50px;">5a</td> <td style="width: 50px;">No</td> </tr> </table>	5a	No
5a	No				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<table border="1"> <tr> <td style="width: 50px;">5b</td> <td style="width: 50px;">No</td> </tr> </table>	5b	No
5b	No				
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<table border="1"> <tr> <td style="width: 50px;">5c</td> <td style="width: 50px;"></td> </tr> </table>	5c	
5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<table border="1"> <tr> <td style="width: 50px;">6a</td> <td style="width: 50px;">No</td> </tr> </table>	6a	No
6a	No				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<table border="1"> <tr> <td style="width: 50px;">6b</td> <td style="width: 50px;"></td> </tr> </table>	6b	
6b					
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<table border="1"> <tr> <td style="width: 50px;">7a</td> <td style="width: 50px;">No</td> </tr> </table>	7a	No
7a	No				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			<table border="1"> <tr> <td style="width: 50px;">7b</td> <td style="width: 50px;"></td> </tr> </table>	7b	
7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<table border="1"> <tr> <td style="width: 50px;">7c</td> <td style="width: 50px;">No</td> </tr> </table>	7c	No
7c	No				
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 50px;">7d</td> <td style="width: 200px;"></td> </tr> </table>	7d			
7d					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<table border="1"> <tr> <td style="width: 50px;">7e</td> <td style="width: 50px;">No</td> </tr> </table>	7e	No
7e	No				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<table border="1"> <tr> <td style="width: 50px;">7f</td> <td style="width: 50px;">No</td> </tr> </table>	7f	No
7f	No				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<table border="1"> <tr> <td style="width: 50px;">7g</td> <td style="width: 50px;"></td> </tr> </table>	7g	
7g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<table border="1"> <tr> <td style="width: 50px;">7h</td> <td style="width: 50px;"></td> </tr> </table>	7h	
7h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			<table border="1"> <tr> <td style="width: 50px;">8</td> <td style="width: 50px;"></td> </tr> </table>	8	
8					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			<table border="1"> <tr> <td style="width: 50px;">9a</td> <td style="width: 50px;"></td> </tr> </table>	9a	
9a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<table border="1"> <tr> <td style="width: 50px;">9b</td> <td style="width: 50px;"></td> </tr> </table>	9b	
9b					
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 50px;">10a</td> <td style="width: 200px;"></td> </tr> </table>	10a			
10a					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 50px;">10b</td> <td style="width: 200px;"></td> </tr> </table>	10b			
10b					
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 50px;">11a</td> <td style="width: 200px;"></td> </tr> </table>	11a			
11a					
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 50px;">11b</td> <td style="width: 200px;"></td> </tr> </table>	11b			
11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			<table border="1"> <tr> <td style="width: 50px;">12a</td> <td style="width: 50px;"></td> </tr> </table>	12a	
12a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 50px;">12b</td> <td style="width: 200px;"></td> </tr> </table>	12b			
12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			<table border="1"> <tr> <td style="width: 50px;">13a</td> <td style="width: 50px;"></td> </tr> </table>	13a	
13a					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<table border="1"> <tr> <td style="width: 50px;">13b</td> <td style="width: 200px;"></td> </tr> </table>	13b			
13b					
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 50px;">13c</td> <td style="width: 200px;"></td> </tr> </table>	13c			
13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?			<table border="1"> <tr> <td style="width: 50px;">14a</td> <td style="width: 50px;">No</td> </tr> </table>	14a	No
14a	No				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<table border="1"> <tr> <td style="width: 50px;">14b</td> <td style="width: 50px;"></td> </tr> </table>	14b	
14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			<table border="1"> <tr> <td style="width: 50px;">15</td> <td style="width: 50px;">Yes</td> </tr> </table>	15	Yes
15	Yes				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<table border="1"> <tr> <td style="width: 50px;">16</td> <td style="width: 50px;">No</td> </tr> </table>	16	No
16	No				
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			<table border="1"> <tr> <td style="width: 50px;">17</td> <td style="width: 50px;"></td> </tr> </table>	17	
17					

If "Yes," complete Form 6069.

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

Check if Schedule O contains a response or note to any line in this Part VI [checked]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (16), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (states: CA) and 18 (disclosure methods: Own website, Another's website, Upon request, Other).

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶MICHELE WALDRON CFO 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 (559) 353-3000

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (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, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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	20.00 30.00	X		X				5,107,768	0	65,662
(2) FAISAL RAZZAQUI MD CHIEF OF STAFF	1.00	X						0	0	0
(3) JEANNINE CAMPOS GRECH BOARD CHAIR	1.00 1.00	X		X				0	0	0
(4) JOSE ELGORRIAGA BOARD VICE CHAIR	1.00 1.00	X		X				0	0	0
(5) DAN ADAMS BOARD SECRETARY/TREASURER	1.00 1.00	X		X				0	0	0
(6) MIMI CHAO MD CHIEF OF STAFF (THRU 12/21)	1.00 1.00	X						75,000	0	0
(7) RILEY WALTER BOARD MEMBER	1.00 1.00	X						0	0	0
(8) BILL SMITTCAMP BOARD MEMBER	1.00 1.00	X						0	0	0
(9) KIM RUIZ BECK BOARD MEMBER	1.00 1.00	X						0	0	0
(10) DANIELLE PARNAGIAN BOARD MEMBER	1.00 1.00	X						0	0	0
(11) DAN KOONTZ	1.00									

BOARD MEMBER	1.00	X							0	0	0
(12) MENDY LAVAL BOARD MEMBER	1.00	X							0	0	0
(13) CONNIE MCCLASKEY BOARD MEMBER (THRU 12/21)	1.00	X							0	0	0
(14) SISSY DALENA WOOD BOARD MEMBER	1.00	X							0	0	0
(15) NICO GENTILE BOARD MEMBER	1.00	X							0	0	0
(16) LUZ GONZALEZ MD BOARD MEMBER	1.00	X							0	0	0
(17) LISA SMITTCAMP BOARD MEMBER	1.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) VALERIE VUICICH GUILD MEMBER	1.00	X						0	0	0
(19) MICHELE R WALDRON SVP, CFO	18.50 31.50			X				2,841,006	0	49,907
(20) BEVERLY HAYDEN-PUGH SVP, CLINICAL INT, PATIENT	18.00 27.00				X			1,676,308	0	132,625
(21) NATALE PONTICELLO JR SVP, CHIEF PEOPLE OFFICER	29.00 11.00				X			1,345,610	0	95,642
(22) DAVID CHRISTENSEN SVP, CPE & PRES VCMG	27.00 18.00				X			1,289,465	0	56,894
(23) JANE WILLSON SVP, CHIEF STRATEGY OFFICER	8.00 32.00				X			985,558	0	105,871
(24) MICHAEL GOLDRING SVP STRATEGIC PARTNERSHIPS	40.00				X			900,166	0	37,969
(25) WILLIAM CHALTRAW SVP AND CHIEF LEGAL OFFICER	40.00				X			792,183	0	52,271
(26) KEVIN SHIMAMOTO VP AND ADVISOR TO CIO	40.00				X			764,883	0	100,751
(27) KAREN DAHL VP, MED AFFAIRS & PHYS DEV	40.00				X			764,770	0	97,979
(28) LYNN ASHBECK SVP, CHIEF COMMUNITY IMPACT	40.00				X			752,550	0	89,897
(29) DAVID HODGE JR VP HOSPITAL OPERATIONS	40.00				X			748,405	0	123,568
(30) JOEL BROWNELL MD	40.00				X			641,044	0	102,701

VP, CHIEF MEDICAL INFO OFF							041,044	0	102,701
(31) JOLIE LIMON	40.00			X			598,935	0	95,237
VP ACAD AFFAIRS, DIO & CHI									
(32) STEPHANIE VANCE	40.00			X			590,899	0	107,077
VP, FINANCE									
(33) DANIELLE BARRY	40.00			X			590,130	0	89,826
SVP, CHIEF OP INTEG									
(34) DAVID SINGH	40.00			X			581,415	0	97,780
VP, COO OF VCMG									
(35) JESSIE HUDGINS	40.00			X			572,827	0	86,742
VP, FACILITIES & SUPPORT SERVICES									
(36) BRIAN SMULLIN	40.00			X			538,643	0	92,333
VP, MANAGED CARE (THRU 09/22)									
(37) VICKY TILTON	40.00			X			445,149	0	40,629
VP PATIENT CARE SERVICES & ASST CNO									
(38) RAED KHOURY	40.00			X			327,057	0	45,317
VP, QUAL, PATIENT SAFETY									
(39) RATAN MILEVOJ	40.00			X			291,743	0	44,455
VP MKTG, COMM, INNOVATION									
(40) AMANDA PATTERSON	40.00				X		333,856	0	40,736
EXEC DIREC & DEPUTY GEN CO									
(41) YVONNE WOOD	40.00				X		314,933	0	58,947
MANAGER PATIENT THROUGHPUT									
(42) ADAM VAN DUSON	40.00				X		298,465	0	11,552
EXEC DIR, FOUNDATION									
(43) JOSEPH EGAN	40.00				X		267,572	0	58,591
VP & CIO									
(44) JULIE MACIAS	40.00				X		262,411	0	50,903
DIRECTOR, ACCOUNTING & REPORTING									
(45) DAVID NALCHAJIAN	0.00					X	300,000	0	0
FORMER BOARD MEMBER									
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							24,998,751	0	2,031,862

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 ▶ 785

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VALLEY CHILDREN'S MEDICAL GROUP 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636	SUBSPEC PHYSICIAN SERVICES	34,100,000
PEDIATRIC ANESTHESIA ASSOCIATES 6235 N FRESNO ST STE 103 FRESNO, CA 93710	ANESTHESIA/CRITICAL CARE	13,693,555
QUIRING GENERAL LLC 5118 E CLINTON WAY FRESNO, CA 93727	CONSTRUCTION SERVICES	8,240,116
SODEXO INC & ASSOCIATES PO BOX 360170 PITTSBURGH, PA 152516170	HOUSEKEEPING SERVICES	5,288,516

1 CENTERPOINTE DR ST 200
LA PALMA, CA 906232539

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 ▶ 40

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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
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other similar fundraising events				
1d Related organizations	23,510,857			
1e Government grants (contributions)	23,514,083			
1f All other contributions, gifts, grants, and similar amounts not included above	1,341,884			
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	48,366,824			

2a PATIENT SERVICES	Business Code	(A)	(B)	(C)	(D)
	900099	1,020,256,073	1,020,256,073		
b HOME CARE 340B PROGRAM	900099	13,613,657	13,613,657		
c MANAGEMENT SERVICES	541610	5,015,014	5,015,014		
d LAB SERVICES	900099	893,842	893,842		
f All other program service revenue.					
g Total. Add lines 2a-2f.		1,039,778,586			

3 Investment income (including dividends, interest, and other similar amounts)		16,184,376		-937,452	17,121,828
4 Income from investment of tax-exempt bond proceeds		798,507			798,507
5 Royalties					
6a Gross rents	(i) Real	1,070,235			
	6b Less: rental expenses	678,676			
	6c Rental income or (loss)	391,559			
	d Net rental income or (loss)		391,559		
7a Gross amount	(i) Securities				
	(ii) Other				

Other Revenue	from sales or assets other than inventory	7a	156,531,074	73,813		
	b Less: cost or other basis and sales expenses	7b	141,739,067	110,201		
	c Gain or (loss)	7c	14,792,007	-36,388		
	d Net gain or (loss)				14,755,619	14,755,619
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a		280,889		
	b Less: cost of goods sold	10b		113,463		
c Net income or (loss) from sales of inventory				167,426	167,426	
Miscellaneous Revenue		Business Code				
11a CAFETERIA REVENUE		900099		2,360,907	2,360,907	
b						
c						
d All other revenue				5,635,305	5,635,305	
e Total. Add lines 11a-11d				7,996,212		
12 Total revenue. See instructions				1,128,439,109	1,039,778,586	
					-937,452	41,231,151

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,042,079	5,042,079		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	269,141	269,141		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,019,174		20,019,174	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	223,530,251	173,942,325	49,587,926	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,328,124	11,920,779	3,407,345	
9 Other employee benefits	75,232,188	52,921,001	22,311,187	

10 Payroll taxes	19,599,120	14,123,865	5,475,255	
11 Fees for services (non-employees):				
a Management	4,256,602	151	4,256,451	
b Legal	1,435,927		1,435,927	
c Accounting	252,779		252,779	
d Lobbying	153,750		153,750	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,707,670		3,707,670	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,798,284	86,405,728	392,556	
12 Advertising and promotion	2,843,615	43,604	2,800,011	
13 Office expenses	123,457,582	114,518,887	8,938,695	
14 Information technology	8,149,863	6,025,763	2,124,100	
15 Royalties				
16 Occupancy	8,173,142	6,075,202	2,097,940	
17 Travel	429,151	180,683	248,468	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	213,242	76,633	136,609	
20 Interest	11,315,701	8,790,532	2,525,169	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,025,067	18,467,174	15,557,893	
23 Insurance	7,820,655		7,820,655	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOSPITAL FEE PROGRAM	67,729,264	67,729,264		
b PURCHASED SERVICES	32,738,303	15,637,635	17,100,668	
c BAD DEBT	10,952,809	10,952,809		
d UBI TAXES	234,000	234,000		
e All other expenses	10,542,966	826,620	9,716,346	
25 Total functional expenses. Add lines 1 through 24e	774,250,449	594,183,875	180,066,574	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	585,034	1	885,991
	2 Savings and temporary cash investments	614,804,090	2	646,160,966
	3 Pledges and grants receivable, net	678,187	3	777,563
	4 Accounts receivable, net	116,296,007	4	111,218,980
	5 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	33,199,334	5	38,534,416
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,923,281	8	13,677,924
	9 Prepaid expenses and deferred charges	42,312,174	9	13,822,499

Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	801,440,087			
	b Less: accumulated depreciation	10b	400,836,709	360,812,108	10c 400,603,378	
	11 Investments—publicly traded securities			540,953,167	11 461,048,891	
	12 Investments—other securities. See Part IV, line 11			241,129,101	12 206,266,947	
	13 Investments—program-related. See Part IV, line 11			43,530,304	13 45,306,074	
	14 Intangible assets				14	
	15 Other assets. See Part IV, line 11			98,126,514	15 123,677,617	
	16 Total assets. Add lines 1 through 15 (must equal line 33)			2,106,349,301	16 2,061,981,246	
	Liabilities	17 Accounts payable and accrued expenses			81,559,043	17 96,249,707
		18 Grants payable				18
		19 Deferred revenue			259,601,117	19 0
		20 Tax-exempt bond liabilities				20
		21 Escrow or custodial account liability. Complete Part IV of Schedule D				21
		22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22
		23 Secured mortgages and notes payable to unrelated third parties				23
		24 Unsecured notes and loans payable to unrelated third parties				24
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D				292,407,946	25 282,595,738	
26 Total liabilities. Add lines 17 through 25				633,568,106	26 378,845,445	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions			1,452,137,851	27 1,650,610,632	
	28 Net assets with donor restrictions			20,643,344	28 32,525,169	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds				29	
	30 Paid-in or capital surplus, or land, building or equipment fund				30	
	31 Retained earnings, endowment, accumulated income, or other funds				31	
	32 Total net assets or fund balances			1,472,781,195	32 1,683,135,801	
33 Total liabilities and net assets/fund balances			2,106,349,301	33 2,061,981,246		

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,128,439,109
2 Total expenses (must equal Part IX, column (A), line 25)	2	774,250,449
3 Revenue less expenses. Subtract line 2 from line 1	3	354,188,660
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,472,781,195
5 Net unrealized gains (losses) on investments	5	-144,593,511
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	759,457
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,683,135,801

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
1		
2a		No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (VALLEY CHILDREN'S HOSPITAL) and 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).
3 [checked] 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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid						

5	to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b.					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c	Add lines 10a and 10b.					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
13	Total support. (Add lines 9, 10c, 11, and 12.)					
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests-2021. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support tests-2020. 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 ▶ <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
b		
c		

4a	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	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>				
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>				
5a	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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?				
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>				
8	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>				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>				
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>				
c	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>				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>				
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>				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a The organization satisfied the Activities Test. Complete **line 2** below.
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2021

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		

<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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

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

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Schedule A (Form 990) (2021)

Schedule A (Form 990) 2021

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

Facts And Circumstances Test	

Return Reference	Explanation
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Schedule A (Form 990) 2021

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

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)() (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 foundation

Check 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 other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization VALLEY CHILDREN'S HOSPITAL	Employer identification number 94-1294954
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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 information once. See instructions.) ▶ \$ _____
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	
(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	

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	

Schedule B (Form 990) (2021)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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

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

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

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

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

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

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

Section 501(c)(3).

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications or published or broadcast statements?		No	

e	Publications, or published or broadcast statements:		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		16,163
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		383,139
j	Total. Add lines 1c through 1i			399,302
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Return Reference	Explanation
PART II-B, LINE 1	VALLEY CHILDREN'S HOSPITAL HAS HAD DIRECT CONTACT WITH AND HAS ENCOURAGED OTHERS TO HAVE DIRECT CONTACT WITH LOCAL, STATE AND FEDERAL LEGISLATORS REGARDING CHILDREN'S HEALTH CARE PUBLIC POLICY. THESE CONTACTS HAVE PROVIDED INFORMATION REGARDING THE PROVISION OF HEALTH CARE SERVICES TO CHILDREN, THE ANTICIPATED EFFECT ON CHILDREN'S HEALTH OF PENDING LEGISLATIVE PROPOSALS, AND REQUESTS FOR ASSISTANCE IN SUPPORTING ACCESS TO CHILDREN'S HEALTH CARE BY MAINTAINING CURRENT STATE AND FEDERAL FUNDING LEVELS FOR MEDICAL AND OTHER PUBLIC PROGRAMS. EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE LESS THAN 1% OF TOTAL HOSPITAL EXPENDITURES. VALLEY CHILDREN'S HOSPITAL HAS MADE NO CONTRIBUTIONS TO ANY POLITICAL CANDIDATE OR ELECTED OFFICIAL. SALARIES RELATED TO LOBBYING \$16,163 BROWNSTEIN HYATT FARBER SCHRECK \$153,750 ASSOCIATION DUES RELATED TO LOBBYING NACH 30,188 NACH CONTRIBUTION 3,100 AMERICAN SOCIETY HEALTHCARE ENGINEERING 119 ASSOCIATION OF AMERICAN MEDICAL COLLEGES 336 CALIFORNIA CHAMBER OF COMMERCE 130 CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION 48,153 CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION 4,688 CALIFORNIA HOSPITAL ASSOCIATION/AMERICAN HOSP ASSOC 25,627 CHILDREN'S SPECIALTY CARE COALITION 3,350 FRESNO CHAMBER OF COMMERCE 1,600 HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIFORNIA 111,981 NATIONAL ASSOCIATION OF EPILEPSY CENTERS 120 TOTAL EXPENDITURES RELATED TO LEGISLATIVE MATTERS \$399,302

Schedule C (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Table with 2 columns: Name of the organization (VALLEY CHILDREN'S HOSPITAL) and 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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding collections of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 2 columns: Description (1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance) and Amount.

- 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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:

Table with 3 columns: Description (3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, and Total.

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	75,381,780	F
(B) HEDGE FUNDS	92,755,154	F
(C) PRIVATE CAPITAL FUNDS	38,130,013	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	206,266,947	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DISPROPORTIONATE SHARE FUNDS RECEIVABLE	9,251,166
(2) INSURANCE RECEIVABLE	10,387,726
(3) PROVIDER FEE RECEIVABLE	95,360,420
(4) 457 TRUST FUNDS	4,280,743
(5) OTHER	5,290,350
(6) ADVANCE MED FOUNDATION	-14,364,860
(7) PREPAID LEASE ASSET	1,694,824
(8) PROP 3 & 4 RECEIVABLE	11,777,248
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	123,677,617

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MALPRACTICE RESERVE	9,689,570
ACCRUED PENSION LIABILITY	758,028
457 LIABILITY	4,280,743
1732 LIABILITY	468,822
WORKERS COMP	4,155,200

INS LIABILITY	1,877,800
DC SERP LIABILITY	836,340
BONDS	254,735,818
OPERATING LEASE - LT PORTION	4,021,016
LAND DEVELOPMENT OBLIGATION	400,000
457F RT LIABILITY	1,372,401
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	282,595,738

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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Schedule D (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Part I 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...
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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (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. Includes rows for Central America and the Caribbean, Europe, and a sub-total.

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

Cat. No. 50082W

Schedule F (Form 990) 2021

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.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region): Part II, line 1 (accounting method); Part III (accounting

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number

94-1294954

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			181,952		181,952	0.020 %
b Medicaid (from Worksheet 3, column a)			522,481,211	787,206,514	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			399,138	173,733	225,405	0.030 %
d Total Financial Assistance and Means-Tested Government Programs			523,062,301	787,380,247	407,357	0.050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,911,208		1,911,208	0.250 %
f Health professions education (from Worksheet 5)			10,330,948	1,264,984	9,065,964	1.190 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,154,486	631,221	523,265	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,534,695		3,534,695	0.460 %
j Total. Other Benefits			16,931,337	1,896,205	15,035,132	1.970 %
k Total. Add lines 7d and 7j			539,993,638	789,276,452	15,442,489	2.020 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,682,434
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	493,419
6 Enter Medicare allowable costs of care relating to payments on line 5	6	576,800
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-83,381
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
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Schedule H (Form 990) 2021

Schedule H (Form 990) 2021

Page

Part V Facility Information

Section A. Hospital Facilities

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

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

2

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368761 WWW.VALLEYCHILDRENS.ORG 040000160			X				X			A
2	VALLEY CHILDREN'S HOME CARE 5085 E MCKINLEY AVE FRESNO, CA 93727 WWW.VALLEYCHILDRENS.ORG 040000160			X							A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Rows include questions 13-16 regarding financial assistance policy details, eligibility criteria, and publicization of the policy.

Part V Facility Information (continued)

Billing and Collections

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Row 17: Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon

assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP

d Actions that require a legal or judicial process

e Other similar actions (describe in Section C)

f None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged:

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP

d Actions that require a legal or judicial process

e Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):

a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)

b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)

c Processed incomplete and complete FAP applications (if not, describe in Section C)

d Made presumptive eligibility determinations (if not, describe in Section C)

e Other (describe in Section C)

f None of these efforts were made

17	Yes	
19		No

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why:

a The hospital facility did not provide care for any emergency medical conditions

b The hospital facility's policy was not in writing

c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d Other (describe in Section C)

21	Yes	
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Part V Facility Information (continued)

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

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

d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5:	<p>FACILITY REPORTING GROUP AVALLEY CHILDREN'S 2019 CHNA WAS BASED ON A JOINT NEEDS ASSESSMENT FOR FRESNO, KINGS, MADERA AND TULARE COUNTIES, AND THEN SEPARATE NEEDS ASSESSMENTS FOR KERN, MERCED AND STANISLAUS COUNTIES. VALLEY CHILDREN'S PARTNERED WITH 15 HOSPITALS TO CONDUCT AN ASSESSMENT OF HEALTH NEEDS FOR BOTH CHILDREN AND ADULTS. THE CHNA WAS FACILITATED BY THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA'S COMMUNITY BENEFITS WORKGROUP, AND INCLUDED A THOROUGH REVIEW OF SECONDARY DATA AS WELL AS SIGNIFICANT COMMUNITY ENGAGEMENT THROUGH SURVEYS, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. TO ASSESS THE NEEDS OF CHILDREN IN KERN, MERCED, AND STANISLAUS COUNTIES, VALLEY CHILDREN'S CONSULTED SECONDARY DATA SOURCES AND WORKED WITH COMMUNITY PARTNERS TO CONVENE ONE-ON-ONE INTERVIEWS AND FOCUS GROUPS WITH ORGANIZATIONS REPRESENTING LOW INCOME, UNDERSERVED COMMUNITIES. THE FRESNO, KINGS, MADERA, AND TULARE COUNTIES CHNA WAS FACILITATED BY THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA'S COMMUNITY BENEFITS WORKGROUP. THE WORKGROUP COLLABORATED WITH HC2 STRATEGIES, INC. TO CONDUCT KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND ESTABLISH PRIORITY HEALTH NEEDS FOR THE 2019-2021 COMMUNITY HEALTH NEEDS CYCLE. ADDITIONALLY, THE COMMITTEE WORKED WITH WILDFIRE GRAPHICS & ANALYTICS, LLC TO GATHER HEALTH INDICATOR DATA, ANALYZE QUANTITATIVE AND QUALITATIVE DATA, AND PACKAGE THE FINAL REPORT. AD LUCEM CONSULTING ESTABLISHED THE METHODOLOGY FOR RANKING HEALTH NEED DATA FROM KEY INFORMANT AND FOCUS GROUP INTERVIEWS. AD LUCEM ALSO PROVIDED THE OVERALL RANKINGS FOR THE FOUR-COUNTY REGION. BIEL CONSULTING, INC. CONDUCTED THE CHNA IN KERN COUNTY. BIEL CONSULTING, INC. HAS EXTENSIVE EXPERIENCE CONDUCTING HOSPITAL HEALTH ASSESSMENTS AND WORKING WITH HOSPITALS ON DEVELOPING, IMPLEMENTING, AND EVALUATING COMMUNITY BENEFIT PROGRAMS. DR. MELISSA BIEL CONDUCTED THE KERN COUNTY CHNA. THE MERCED COUNTY CHNA WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC). PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING CHNAS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994. THE STANISLAUS COUNTY MAPP EFFORT COLLABORATED WITH COMMUNITY HEALTH INSIGHTS (CHI). CHI CONDUCTED THE FOCUS GROUPS AND KEY INFORMANT INTERVIEWS. THE CHNA PROCESS INCLUDED COLLECTION AND ANALYSIS OF UP-TO-DATE DATA FOR VALLEY CHILDREN'S SERVICE AREA FROM A NUMBER OF SECONDARY SOURCES. IN ADDITION, PRIMARY DATA WERE COLLECTED DIRECTLY FROM STAKEHOLDERS IN THE COMMUNITY. A VARIETY OF PRIMARY DATA COLLECTION METHODS WERE USED TO OBTAIN COMMUNITY INPUT INCLUDING, FOCUS GROUPS, INTERVIEWS AND SURVEYS. THE COLLECTED DATA WERE USED TO IDENTIFY SIGNIFICANT COMMUNITY NEEDS. FRESNO, KINGS, MADERA, AND TULARE COUNTIES SOURCES OF DATA FOR</p>

AND TULARE COUNTIES. SOURCES OF DATA FOR THIS ASSESSMENT INCLUDED BOTH PRIMARY AND SECONDARY DATA. SECONDARY DATA SOURCES INCLUDED PUBLICLY REPORTED STATE AND NATIONALLY-RECOGNIZED DATA SOURCES SUCH AS COMMUNITY COMMONS, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, AND COUNTY HEALTH RANKINGS & ROADMAPS. PRIMARY DATA WERE COLLECTED THROUGH 48 KEY INFORMANT INTERVIEWS, 24 FOCUS GROUPS THAT REACHED 284 PERSONS, AND AN ONLINE SURVEY THAT REACHED 1,178 PERSONS. KEY INFORMANTS AND FOCUS GROUPS WERE PURPOSEFULLY CHOSEN TO REPRESENT MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS IN OUR COMMUNITY. THE ONLINE SURVEY WAS DISTRIBUTED TO PARTNER ORGANIZATIONS THAT WERE NOT REPRESENTED BY KEY INFORMANTS AND ADVERTISED TO THE GENERAL PUBLIC VIA A PUBLIC SERVICE ANNOUNCEMENT HOSTED ON UNIVISION'S ARRIBA VALLE CENTRAL SHOW. KERN COUNTY SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE ACCESS, BIRTH INDICATORS, LEADING CAUSES OF DEATH, ACUTE AND CHRONIC DISEASE, HEALTH BEHAVIORS, MENTAL HEALTH, SUBSTANCE USE AND MISUSE, AND PREVENTIVE PRACTICES. WHEN AVAILABLE, DATA SETS ARE PRESENTED IN THE CONTEXT OF KERN COUNTY AND CALIFORNIA TO HELP FRAME THE SCOPE OF AN ISSUE, AS IT RELATES TO THE BROADER COMMUNITY. SOURCES OF DATA INCLUDE: THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA HEALTH INTERVIEW SURVEY, KERN COUNTY PUBLIC HEALTH DEPARTMENT, HEALTHY KERN COUNTY, COUNTY HEALTH RANKINGS, CALIFORNIA DEPARTMENT OF EDUCATION, CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND CALIFORNIA DEPARTMENT OF JUSTICE, AMONG OTHERS. INFORMATION WAS ALSO OBTAINED THROUGH COMMUNITY SURVEYS AND INTERVIEWS WITH INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY. INTERVIEWS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE COMMUNITY SERVED BY THE HOSPITAL. FORTY-ONE (41) INTERVIEWS WERE COMPLETED FROM OCTOBER 2018 THROUGH MARCH 2019. THE KERN COUNTY COMMUNITY BENEFIT COLLABORATIVE REPRESENTATIVES DEVELOPED A PLAN FOR DISTRIBUTION OF A SURVEY TO ENGAGE COMMUNITY RESIDENTS. THE SURVEY WAS AVAILABLE IN AN ELECTRONIC FORMAT THROUGH A SURVEY MONKEY LINK, AND IN A PAPER COPY FORMAT. THE ELECTRONIC AND PAPER SURVEYS WERE AVAILABLE IN ENGLISH AND SPANISH. THE SURVEYS WERE AVAILABLE FROM NOVEMBER 2018 TO JANUARY 2019 AND DURING THIS TIME, 1,114 USABLE SURVEYS WERE COLLECTED. MERCED COUNTY THIS ASSESSMENT INCORPORATED DATA FROM QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDED PRIMARY RESEARCH FROM THE PRC COMMUNITY HEALTH SURVEY AND SECONDARY RESEARCH. THESE QUANTITATIVE COMPONENTS ALLOWED FOR TRENDING AND COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDED PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN

INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES. FOR THE PRC COMMUNITY HEALTH SURVEY, A TELEPHONE INTERVIEW METHODOLOGY ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS WAS EMPLOYED. THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 300 INDIVIDUALS, AGE 18 AND OLDER, IN MERCED COUNTY. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT MERCED COUNTY AS A WHOLE. AN ONLINE KEY INFORMANT SURVEY WAS ALSO COMPLETED. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE HOSPITAL PARTNERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. IN ALL, 49 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. STANISLAUS COUNTY QUANTITATIVE DATA COLLECTION FOR THE CHNA WAS CONDUCTED USING SECONDARY SOURCES. IN ORDER TO IDENTIFY INDICATORS TO BE INCLUDED IN THE ANALYSIS, A LIST OF POTENTIAL INDICATORS WAS COMPILED FROM THE 2013 STANISLAUS COUNTY COMMUNITY HEALTH ASSESSMENT, HEALTHY PEOPLE 2020, LET'S GET HEALTHY CALIFORNIA, THE STANISLAUS COUNTY ADMINISTRATIVE OFFICE, COUNTY HEALTH RANKINGS, KAISER PERMANENTE'S MODESTO MEDICAL CENTER'S CHNA, SUTTER HEALTH MODESTO'S CHNA, STANISLAUS COUNTY'S FOCUS ON PREVENTION AND THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS' (NACCHO) RECOMMENDED AND EXTENDED INDICATOR AND TOPIC LISTS. THOSE INDICATORS WERE GROUPED INTO THE NACCHO RECOMMENDED CATEGORIES AND THEMATIC SUBCATEGORIES. QUALITATIVE DATA WERE GATHERED FROM PRIMARY SOURCES. NINE FOCUS GROUPS WERE CONDUCTED FROM JANUARY TO FEBRUARY, 2019 IN STANISLAUS COUNTY. ELEVEN KEY INFORMANT INTERVIEWS WERE CONDUCTED FROM DECEMBER 2018 TO FEBRUARY 2019. FOCUS GROUP AND KEY INFORMANT RESPONSES TO QUESTIONS ABOUT KEY HEALTH NEEDS WERE MATCHED TO THE COMMUNITY HEALTH ASSESSMENT TOPIC CATEGORIES AND SUBCATEGORIES. THE IDENTIFICATION OF SIGNIFICANT COMMUNITY NEEDS BEGAN WITH A REVIEW OF THE DATA THAT DESCRIBED THE HOSPITAL SERVICE AREA. HEALTH NEEDS THAT DID NOT MEET STATE OR NATIONAL BENCHMARKS WERE IDENTIFIED. THE PRIMARY DATA COLLECTION PROCESS THEN OBTAINED COMMUNITY INPUT TO SUPPORT THE SECONDARY DATA FINDINGS, IDENTIFY ADDITIONAL COMMUNITY ISSUES, SOLICIT INFORMATION ON DISPARITIES AMONG SUBPOPULATIONS, ASCERTAIN COMMUNITY ASSETS TO ADDRESS NEEDS, AND DISCOVER GAPS IN RESOURCES. COMMUNITY INPUT WAS USED TO PRIORITIZE THESE NEEDS.

PART V, SECTION B, LINE 5 (CONTINUED):

THE 2019 CHNA REPORT PROCESS IDENTIFIED THE FOLLOWING 13 HEALTH NEEDS IN FRESNO, KINGS, MADERA AND TULARE COUNTIES. - ACCESS TO CARE - ASTHMA - CANCER - CLIMATE AND HEALTH - CARDIOVASCULAR DISEASE - ECONOMIC SECURITY - HIV/AIDS/STIS - MATERNAL AND INFANT HEALTH - MENTAL HEALTH - OBESITY/HEAL/DIABETES - ORAL HEALTH - SUBSTANCE USE/TOBACCO USE - VIOLENCE AND INJURY PREVENTION COMMUNITY MEDICAL CENTERS, SAINT AGNES MEDICAL CENTER, AND VALLEY CHILDREN'S HOSPITAL, INVITED LEADERS REPRESENTING COUNTY PUBLIC HEALTH AND COMMUNITY-

BASED ORGANIZATIONS FROM FRESNO, KINGS, MADERA AND TULARE COUNTIES TO PARTICIPATE IN A HEALTH NEEDS RANKING PROCESS. PUBLIC HEALTH AND COMMUNITY LEADERS WERE TASKED WITH RANKING THE NEEDS THAT WERE MOST PRESSING IN THEIR RESPECTIVE COUNTIES, BASED ON HEALTH ISSUES PREVIOUSLY IDENTIFIED IN THE 2019 PRIMARY DATA COLLECTION PHASE. PARTICIPANTS IN THE COLLABORATIVE HEALTH RANKING SESSION WERE TASKED WITH RANKING THE IDENTIFIED HEALTH NEEDS BASED ON THE FOLLOWING CRITERIA: - SEVERITY, MAGNITUDE, URGENCY - FEASIBILITY AND EFFECTIVENESS OF POSSIBLE INTERVENTIONS - POTENTIAL IMPACT ON GREATEST NUMBER OF PEOPLE - POTENTIAL HEALTH NEED SCORE (BASED ON COMMUNITY STAKEHOLDER AND RESIDENT FEEDBACK) - OUTCOMES ARE MEASURABLE AND ACHIEVABLE IN A 3-YEAR SPAN - EXISTING RESOURCES/PROGRAMS KERN COUNTY SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED FROM SECONDARY DATA USING THE SIZE OF THE PROBLEM (RELATIVE PORTION OF POPULATION AFFLICTED BY THE PROBLEM) AND THE SERIOUSNESS OF THE PROBLEM (IMPACT AT INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS). TO DETERMINE SIZE OR SERIOUSNESS OF THE PROBLEM, THE HEALTH NEED INDICATORS THAT WERE IDENTIFIED IN THE SECONDARY DATA WERE MEASURED AGAINST BENCHMARK DATA; SPECIFICALLY, COUNTY RATES, STATE RATES AND/OR HEALTHY PEOPLE 2020 OBJECTIVES. INDICATORS RELATED TO THE HEALTH NEEDS THAT PERFORMED POORLY AGAINST ONE OR MORE OF THESE BENCHMARKS MET THIS CRITERION TO BE CONSIDERED A HEALTH NEED. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE DETERMINED: - ACCESS TO HEALTH CARE - ALZHEIMER'S DISEASE - BIRTH INDICATORS - CHRONIC DISEASES (ASTHMA, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, LIVER DISEASE, LUNG DISEASE, STROKE, VALLEY FEVER) - DENTAL CARE/ORAL HEALTH - ECONOMIC INSECURITY - ENVIRONMENTAL POLLUTION - FOOD INSECURITY - HOUSING AND HOMELESSNESS - MENTAL HEALTH - OVERWEIGHT AND OBESITY - PREVENTIVE PRACTICES - SEXUALLY TRANSMITTED INFECTIONS - SUBSTANCE USE AND MISUSE - UNINTENTIONAL INJURIES - VIOLENCE AND INJURY THE LIST OF SIGNIFICANT HEALTH NEEDS INFORMED PRIMARY DATA COLLECTION. THE PRIMARY DATA COLLECTION PROCESS WAS DESIGNED TO VALIDATE SECONDARY DATA FINDINGS, IDENTIFY ADDITIONAL COMMUNITY ISSUES, SOLICIT INFORMATION ON DISPARITIES AMONG SUBPOPULATIONS, ASCERTAIN COMMUNITY ASSETS TO ADDRESS NEEDS, AND DISCOVER GAPS IN RESOURCES. COMMUNITY STAKEHOLDER INTERVIEWS WERE USED TO GATHER INPUT AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS. THE FOLLOWING CRITERIA WERE USED TO PRIORITIZE THE HEALTH NEEDS: - THE PERCEIVED SEVERITY OF A HEALTH ISSUE OR HEALTH FACTOR AS IT AFFECTS THE HEALTH AND LIVES OF THOSE IN THE COMMUNITY; - THE LEVEL OF IMPORTANCE THE HOSPITAL SHOULD PLACE ON ADDRESSING THE ISSUE. THE STAKEHOLDERS WERE ALSO ASKED TO RANK ORDER (POSSIBLE SCORE OF 4) THE HEALTH NEEDS ACCORDING TO HIGHEST LEVEL OF IMPORTANCE IN THE COMMUNITY. THE TOTAL SCORE FOR EACH SIGNIFICANT HEALTH NEED WAS DIVIDED BY THE TOTAL NUMBER OF RESPONSES FOR WHICH DATA WERE PROVIDED, RESULTING IN AN OVERALL AVERAGE FOR EACH HEALTH NEED. MERCED COUNTY SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE IDENTIFIED FROM THE INFORMATION GATHERED THROUGH THE CHNA AND THE GUIDELINES SET FORTH IN HEALTHY PEOPLE 2020 (WWW.HEALTHYPEOPLE.GOV). SIGNIFICANT HEALTH NEEDS WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL

BENCHMARK DATA (PARTICULARLY NATIONAL DATA); IDENTIFIED TRENDS; THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED; AND THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. THESE NEEDS ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS. FOLLOWING IS THE LIST OF SIGNIFICANT HEALTH NEEDS IDENTIFIED IN MERCED COUNTY. - ACCESS TO HEALTH CARE - CANCER - DEMENTIA, INCLUDING ALZHEIMER'S DISEASE - DIABETES - HEART DISEASE AND STROKE - INFANT HEALTH AND FAMILY PLANNING - INJURY AND VIOLENCE - KIDNEY DISEASE - MENTAL HEALTH - NUTRITION, PHYSICAL ACTIVITY AND WEIGHT - POTENTIALLY DISABLING CONDITIONS - RESPIRATORY DISEASES - SUBSTANCE USE - TOBACCO USE STANISLAUS COUNTY AFTER GATHERING QUANTITATIVE AND QUALITATIVE DATA, TOPIC CATEGORIES AND SUBCATEGORIES WERE CONSIDERED AS KEY HEALTH NEEDS IF THEY MET THE FOLLOWING CRITERIA: - INDICATORS REVIEWED IN SECONDARY DATA DEMONSTRATED THAT THE COUNTY ESTIMATE WAS POORER BY MORE THAN ONE PERCENTAGE POINT WHEN COMPARED TO THE BENCHMARK ESTIMATE (IN MOST CASES, CALIFORNIA STATE AVERAGE). - THE HEALTH ISSUE WAS IDENTIFIED AS A KEY THEME IN AT LEAST THREE INTERVIEWS. - THE HEALTH ISSUE WAS IDENTIFIED AS A KEY THEME IN AT LEAST THREE FOCUS GROUPS. THIS METHOD REVEALED THE FOLLOWING KEY HEALTH NEEDS: - ACCESS TO CARE - ASTHMA/AIR QUALITY - CHRONIC DISEASE - COMMUNICABLE DISEASE - ECONOMIC INSECURITY - EDUCATION - HOUSING AND HOMELESSNESS - MENTAL HEALTH - SAFETY - SUBSTANCE USE - TRANSPORTATION ON MAY 30, 2019, COMMUNITY MEMBERS AND STAKEHOLDERS WERE CONVENED FOR A COMMUNITY CONVERSATION TO PRIORITIZE THESE HEALTH NEEDS. DURING THE COMMUNITY CONVERSATION BREAKOUT GROUPS, PARTICIPANTS DISCUSSED ISSUES AND CONCERNS THAT IMPACTED THE HEALTH OF STANISLAUS COUNTY. THEY WERE ALSO ASKED TO IDENTIFY COMMUNITY ASSETS AND RESOURCES.

PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: VALLEY CHILDREN'S HOSPITAL, - FACILITY 2: VALLEY CHILDREN'S HOME CARE
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A:	- ADVENTIST HEALTH HANFORD, REEDLEY, SELMA, TULARE, BAKERSFIELD AND TEHACHAPI VALLEY- CLOVIS COMMUNITY MEDICAL CENTER - COALINGA REGIONAL MEDICAL CENTER (CLOSED) - COMMUNITY REGIONAL MEDICAL CENTER (INCLUDES COMMUNITY BEHAVIORAL HEALTH CENTER) - DELANO REGIONAL MEDICAL CENTER (KERN COUNTY)- DIGNITY HEALTH (KERN COUNTY)- KAISER PERMANENTE, FRESNO SERVICE AREA, KERN COUNTY - KAWEAH DELTA HEALTH CARE DISTRICT - KERN MEDICAL- MADERA COMMUNITY HOSPITAL - MERCY MEDICAL MERCED- MEMORIAL HOSPITAL LOS BANOS- SAN JOAQUIN VALLEY REHABILITATION HOSPITAL - SIERRA VIEW MEDICAL CENTER - SAINT AGNES MEDICAL CENTER - VALLEY CHILDREN'S HOSPITAL
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6B:	- HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA- COMMUNITY COMMONS- CALIFORNIA DEPARTMENT OF PUBLIC HEALTH- COUNTY HEALTH RANKINGS & ROADMAPS- KERN COUNTY COMMUNITY BENEFIT COLLABORATIVE- STANISLAUS COUNTY HEALTH SERVICES AGENCY PUBLIC HEALTH DEPARTMENT
PART V, LINE 10A, IMPLEMENTATION STRATEGY WEBSITE:	HTTPS://WWW.VALLEYCHILDRENS.ORG/GUILDS-CENTER-FOR-COMMUNITY-HEALTH/COMMUNITY-BENEFIT
PART V, SECTION B, LINE 11	ACCESS TO CARE ENROLLMENT IN HEALTH INSURANCE VALLEY CHILDREN'S PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND

ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED FAMILIES WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES. CLINICAL PARTNERSHIPS 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. THIS EFFORT HELPS PREVENT CHILDREN FROM BEING TRANSFERRED OR REFERRED UNNECESSARILY TO VALLEY CHILDREN'S AND HELPS IDENTIFY WHEN A CHILD NEEDS ADVANCED PEDIATRIC CARE. THE GOALS OF THE CLINICAL PARTNERSHIP PROGRAM INCLUDE PROVIDING: ENHANCED, COORDINATED CARE, MORE CARE DELIVERED CLOSER TO HOME, AND IMPROVED QUALITY AND CONFIDENCE IN PROVIDING PEDIATRIC CARE. IN 2017, VALLEY CHILDREN'S SUPPORTED 10 CLINICAL PARTNERSHIPS. IN 2018, VALLEY CHILDREN'S SUPPORTED 13 INPATIENT CLINICAL PARTNERS AND TWO OUTPATIENT CLINICAL PARTNERS. MEETING THE NEEDS OF MEDICALLY COMPLEX CHILDREN VALLEY CHILDREN'S RECOGNIZES THE CRITICAL ROLE THAT COMMUNITY-BASED PROVIDERS AND ORGANIZATIONS PLAY IN MEETING THE NEEDS OF MEDICALLY COMPLEX CHILDREN AND IS COMMITTED TO MAKING SURE THEY HAVE THE CLINICAL SKILLS TO TAKE CARE OF THIS PATIENT POPULATION. VALLEY CHILDREN'S PROVIDED SIGNIFICANT OUTREACH AND EDUCATION FOR COMMUNITY-BASED ORGANIZATIONS AND PROVIDERS TO MAKE SURE THEY HAVE THE CLINICAL EXPERTISE NEEDED TO CARE FOR MEDICALLY COMPLEX CHILDREN, INCLUDING CHILDREN WITH TRACHEOSTOMIES AND VENTILATORS. TRANSPORTATION GIVEN THE CENTRAL VALLEY'S LARGELY RURAL LANDSCAPE AND HIGH CONCENTRATION OF POVERTY, TRANSPORTATION HAS LONG BEEN A CHALLENGE FOR MANY FAMILIES. VALLEY CHILDREN'S CONTINUED TO WORK WITH THE COMMUNITY TO IMPROVE PUBLIC TRANSPORTATION AND INCREASE ACCESS TO CARE BY PROVIDING GAS CARDS, TAXI VOUCHERS, AMTRAK TICKETS AND BUS TOKENS. VALLEY CHILDREN'S ALSO SUBSIDIZED BUS AND OTHER PUBLIC TRANSIT SERVICES FROM THE CITY OF FRESNO AND KINGS COUNTY. CHRONIC DISEASE PREVENTION HEALTH CARE LITERACY VALLEY CHILDREN'S PROVIDED ACCESS TO ONLINE EDUCATIONAL INFORMATION VIA THE HEALTH ENCYCLOPEDIA LINK ON ITS WEBSITE. THE HEALTH ENCYCLOPEDIA CONTAINS THOUSANDS OF PAGES OF INFORMATION ON PEDIATRIC DISEASES, CONDITIONS AND TREATMENTS, AS WELL AS SECTIONS ON HOW TO KEEP KIDS HEALTHY. THE ENCYCLOPEDIA IS AVAILABLE IN ENGLISH AND SPANISH. COMMUNITIES FOR HEALTHY KIDS THE COMMUNITIES FOR HEALTHY KIDS INITIATIVE IS A MULTI-SECTOR PARTNERSHIP BETWEEN HEALTH CARE PROVIDERS, HEALTH PLANS, SCHOOLS, COMMUNITY-BASED ORGANIZATIONS, PUBLIC HEALTH DEPARTMENTS AND THE AGRICULTURE INDUSTRY TO INCREASE ACCESS TO AND CONSUMPTION OF HEALTHY FOODS AND BEVERAGES AND TO INCREASE OPPORTUNITIES FOR AND PARTICIPATION IN PHYSICAL ACTIVITY. THE PURPOSE OF THIS EFFORT IS TO ALIGN AND SUPPORT EXISTING PARTNERSHIPS ACROSS FRESNO, MADERA AND KINGS COUNTIES IN AN EFFORT TO REDUCE CHILDHOOD OBESITY IN THE CENTRAL VALLEY THROUGH EDUCATION, ADVOCACY AND THE COORDINATED IMPLEMENTATION OF IDENTIFIED STRATEGIES. FURTHERMORE, VALLEY CHILDREN'S HAS IDENTIFIED FOOD INSECURITY AS A CRITICAL SOCIAL DETERMINANT OF HEALTH THAT IMPACTS THE HEALTH AND WELLBEING OF OUR

PATIENTS AND FAMILIES. CHILDREN WHO ARE FOOD INSECURE LACK ACCESS TO AFFORDABLE AND HEALTHY FOODS, WHICH LEADS TO ADVERSE HEALTH OUTCOMES, INCLUDING INCREASED OBESITY RATES. TO SUPPORT THIS EFFORT, VALLEY CHILDREN'S LAUNCHED A PILOT PROJECT AT ONE OF ITS COMMUNITY-BASED PRIMARY CARE PEDIATRIC PRACTICES. PROVIDERS AT THE PRACTICE SCREEN THEIR PATIENTS FOR FOOD INSECURITY. IF ASSESSED TO BE "AT-RISK," PATIENTS ARE CONNECTED TO NUTRITION PROGRAMS AND EMERGENCY FOOD RESOURCES. ADDITIONAL SUPPORT INCLUDED THE FOLLOWING ACTIVITIES: - VALLEY CHILDREN'S CONVENED A CONTINUING MEDICAL EDUCATION EVENT ON CHILDHOOD OBESITY PREVENTION FOR COMMUNITY PROVIDERS IN FRESNO, MADERA, MERCED, KINGS AND TULARE COUNTIES TO RAISE AWARENESS ABOUT WAYS TO ADDRESS CHILDHOOD OBESITY WITHIN THE CLINICAL SETTING. - VALLEY CHILDREN'S SERVED ON THE STEERING COMMITTEE FOR THE FRESNO COUNTY HEALTH IMPROVEMENT PARTNERSHIP, CO-CHAIRING THE FRESNO COUNTY DIABETES COLLABORATIVE AND PARTICIPATED IN THE LIVE WELL MADERA COUNTY DIABETES AND OBESITY WORKGROUP, THE KINGS COUNTY DIABESITY COALITION AND THE TULARE COUNTY DIABETES AND OBESITY WORKGROUP. INFANT HEALTH VALLEY CHILDREN'S PARTICIPATED IN INITIATIVES THAT SUPPORTED THE HEALTHY DEVELOPMENT OF CHILDREN, DURING PREGNANCY AND INTO THE FIRST 3-5 YEARS OF LIFE. EXAMPLES INCLUDED THE FOLLOWING: - FRESNO COUNTY PRE-TERM BIRTH INITIATIVE FRESNO COUNTY HAS ONE OF CALIFORNIA'S HIGHEST RATES OF PREMATURE BIRTH WITH 1 OUT OF EVERY 9 BABIES BORN TOO EARLY. PREMATURE BIRTH CAN CAUSE SERIOUS PHYSICAL AND MENTAL DISABILITIES, OR EVEN DEATH, BEFORE THE BABY'S FIRST BIRTHDAY. OVER A 10-YEAR PERIOD, THE FRESNO COUNTY PRE-TERM BIRTH INITIATIVE HAS WORKED TO IMPROVE THE HEALTH OF FRESNO MOTHERS AND REDUCE THE RATE OF PREMATURE BABIES. USING AN APPROACH CALLED COLLECTIVE IMPACT, PARTNERS ACROSS MANY SECTORS HAVE COME TOGETHER TO CREATE CHANGE IN FRESNO COUNTY. VALLEY CHILDREN'S HAS BEEN AN ACTIVE PARTICIPANT IN THIS INITIATIVE, WITH VALLEY CHILDREN'S SENIOR VICE PRESIDENT FOR COMMUNITY ENGAGEMENT AND POPULATION WELLNESS SERVING AS CHAIR OF THE INITIATIVE'S STEERING COMMITTEE. - CRADLE TO CAREER FRESNO AND STANISLAUS COUNTIES HAVE BEGUN FORMAL CRADLE TO CAREER INITIATIVES FOR THE PURPOSE OF CONVENING PUBLIC AND PRIVATE SECTOR STAKEHOLDERS TO WORK TOGETHER TO IMPROVE OUTCOMES FOR CHILDREN IN THEIR COMMUNITIES, FROM PRE-CONCEPTION TO COLLEGE AND/OR VOCATIONAL TRAINING. VALLEY CHILDREN'S PARTICIPATES IN BOTH INITIATIVES AND HAS BEEN A STRONG VOICE FOR THE INCLUSION OF OUTCOMES AND INDICATORS FOCUSED ON CHILD HEALTH AND WELLNESS. - HELP ME GROW FRESNO COUNTY HELP ME GROW IS A COORDINATED SYSTEM OF EARLY IDENTIFICATION AND REFERRAL FOR CHILDREN, AGES 0-5, WHO ARE AT RISK FOR DEVELOPMENTAL DELAYS. IN FY2018, VALLEY CHILDREN'S SUPPORTED THE IMPLEMENTATION OF HELP ME GROW IN ITS PEDIATRIC PRIMARY CARE PRACTICES IN FRESNO COUNTY BY PROMOTING THE USE OF A SPECIFIC DEVELOPMENTAL ASSESSMENT AND SCREENING TOOL THAT IS PART OF THE HELP ME GROW MODEL. - MARCH OF DIMES VALLEY CHILDREN'S PARTNERED WITH THE MARCH OF DIMES TO ADVOCATE FOR POLICIES AT THE STATE AND FEDERAL LEVEL THAT PROMOTE HEALTHY PREGNANCIES AND HEALTHY BABIES. ADDITIONALLY, VALLEY CHILDREN'S DIRECTOR OF COMMUNITY AND GOVERNMENT RELATIONS CHAIRED THE MARCH OF DIMES OF CALIFORNIA'S ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE IN FY2017 AND FY2018.

AFFAIRS COMMITTEE IN FY2017 AND FY2018. MENTAL HEALTH ISSUES AND CHALLENGES ASSOCIATED WITH CHILD AND ADOLESCENT MENTAL HEALTH CONTINUED TO BE A MAJOR CONCERN. TO HELP IDENTIFY POTENTIAL REGIONAL SOLUTIONS, VALLEY CHILDREN'S SUPPORTED OR PARTICIPATED IN A NUMBER OF ACTIVITIES. VALLEY CHILDREN'S STAFF PROVIDED TEEN SUICIDE PREVENTION EDUCATION TO STUDENTS AND STAFF AT AREA HIGH SCHOOLS. IN FEBRUARY 2017, VALLEY CHILDREN'S HOSTED A SEMINAR TITLED "A DISCUSSION ON TEEN DEPRESSION AND SUICIDE PREVENTION" THAT DREW OVER 200 ATTENDEES FROM ACROSS THE CENTRAL VALLEY. VALLEY CHILDREN'S STAFF EITHER LED OR PARTICIPATED IN A NUMBER OF COMMUNITY-BASED COLLABORATIVES FOCUSED ON PREVENTING CHILD MENTAL ILLNESS AND/OR EARLY IDENTIFICATION AND TREATMENT OF CHILD MENTAL ILLNESS. VALLEY CHILDREN'S STAFF CHAIRED COMMUNITY CONVERSATIONS, A 50-MEMBER COLLABORATIVE ADDRESSING ISSUES OF MENTAL HEALTH, HOMELESSNESS AND THE IMPACT ON FAMILIES. A NUMBER OF VALLEY CHILDREN'S STAFF ALSO SERVED AS MEMBERS OF THE FRESNO SUICIDE PREVENTION COLLABORATIVE AND MADERA COUNTY SUICIDE EDUCATION AND AWARENESS COLLABORATIVE. VIOLENCE AND INJURY PREVENTION UNINTENTIONAL INJURY IS THE LEADING CAUSE OF DEATH FOR CHILDREN IN THE U.S. AS A LEADER IN PROVIDING SPECIALIZED PEDIATRIC HEALTHCARE, VALLEY CHILDREN'S RECOGNIZES THE IMPORTANCE OF INJURY PREVENTION AND WORKS COLLABORATIVELY WITH COMMUNITY AGENCIES TO PREVENT THOSE TRAGEDIES. EACH YEAR, VALLEY CHILDREN'S INJURY PREVENTION PROGRAM PROVIDES INJURY PREVENTION EDUCATION AND OUTREACH TO CHILDREN AND FAMILIES THROUGH A VARIETY OF FORUMS THROUGHOUT CENTRAL CALIFORNIA. THE PROGRAM IS DESIGNED TO HELP KEEP OUR KIDS SAFE.

PART V, SECTION B, LINE 11 (CONTINUED)

CHILD ABUSE PREVENTION THE GUILDS OF VALLEY CHILDREN'S HOSPITAL CHILD ABUSE PREVENTION AND TREATMENT CENTER'S MISSION IS TO PROVIDE COMPREHENSIVE SERVICES TO CHILDREN, DEPENDENT ADULTS AND THEIR FAMILIES THROUGH A MULTIDISCIPLINARY, CHILD-FRIENDLY PROGRAM, AND TO MEET THE PHYSICAL AND EMOTIONAL NEEDS OF VICTIMS OF CHILD ABUSE. THE CENTER'S VISION IS TO BE THE PREMIER PROVIDER IN CENTRAL CALIFORNIA FOR DIAGNOSTIC PHYSICAL ABUSE ASSESSMENTS, FOSTER CARE MEDICAL CLEARANCE EXAMINATIONS AND PEDIATRIC SEXUAL ASSAULT EVALUATIONS, INCLUDING CHILDREN WHO HAVE BEEN VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION. ADDITIONALLY, THE CENTER'S PROVIDERS, KNOWN AS THE CHILD ADVOCACY TEAM, REGULARLY TESTIFY IN BOTH DEPENDENCY AND CRIMINAL COURTS THROUGHOUT THE VALLEY. THE CENTER IS RECOGNIZED IN CENTRAL CALIFORNIA AND AROUND THE STATE AS A LEADER IN ADVOCACY, INJURY PREVENTION, CLINICAL RESEARCH AND ACADEMIC TRAINING. THE CENTER INCLUDES THE CHILD ADVOCACY CLINIC, WHICH OPERATES FIVE DAYS A WEEK AND SEES APPROXIMATELY 1,000 CHILDREN EACH YEAR. CENTER PROVIDERS ALSO ARE AVAILABLE SEVEN DAYS A WEEK, 24 HOURS A DAY FOR EMERGENCY COVERAGE. THE CENTER INCLUDES AN INPATIENT COMPONENT THAT EVALUATES ABOUT 100 CHILDREN YEARLY IN THE PEDIATRIC EMERGENCY DEPARTMENT, ACUTE-CARE FLOORS AND PEDIATRIC INTENSIVE CARE UNIT. THESE CHILDREN ARE EVALUATED FOR SUSPECTED PHYSICAL ABUSE, SEXUAL ABUSE AND NEGLECT. THE STAFF INCLUDES CHILD ABUSE PEDIATRICIANS, NURSE PRACTITIONERS SPECIALIZED IN CHILD MALTREATMENT, FORENSIC NURSES, SOCIAL WORKERS, FORENSIC INTERVIEWERS, A CENTER COORDINATOR, A LICENSED MENTAL HEALTH PROVIDER AND SUPPORT STAFF IN ADDITION

PROVIDER AND SUPPORT STAFF. IN ADDITION TO THE CLINICAL SERVICES OFFERED BY THE CENTER, A MULTI-DISCIPLINARY INTERVIEWING CENTER IS ALSO AVAILABLE FOR VICTIMS OR WITNESSES OF CRIMES. FORENSIC INTERVIEWING SERVICES ARE REQUESTED BY LAW ENFORCEMENT AND/OR CPS. THE PURPOSE OF THE FORENSIC INTERVIEWING PROGRAM COMPONENT IS TO REDUCE THE NUMBER OF INTERVIEWS AND DECREASE THE NUMBER OF INDIVIDUALS WHO WILL TALK TO THE VICTIM. THE CENTER STRIVES TO PROVIDE A WELCOMING, CHILD-FRIENDLY ENVIRONMENT WHERE CHILDREN/DEPENDENT ADULTS CAN FEEL SAFE AND BE INTERVIEWED BY A TRAINED PROFESSIONAL. THERE IS ONGOING COLLABORATION WITH EXTERNAL COMMUNITY PARTNERS AND OTHER HOSPITAL SERVICES INCLUDING SUBSPECIALTY CLINICS, PATIENT AND FAMILY SERVICES, INTERPRETER SERVICES, RADIOLOGY, DIAGNOSTIC CLINICAL LABORATORIES, CHILD LIFE SERVICES AND PASTORAL CARE. THE CENTER WORKS CLOSELY WITH LAW ENFORCEMENT, CPS AND DISTRICT ATTORNEYS' OFFICES IN THEIR INVESTIGATIVE EFFORTS OF CHILD MALTREATMENT. COLLABORATIVE EFFORTS INCLUDE CASE CONSULTATION AND MONTHLY SUSPECT CHILD ABUSE AND NEGLECT (SCAN) MEETINGS FACILITATED BY OUR CHILD ADVOCACY CLINIC IN AN EFFORT TO TRACK, MONITOR AND ADVOCATE FOR THE HEALTH AND SAFETY OF AT-RISK CHILDREN THROUGHOUT THE VALLEY. FOR PREVENTION EDUCATION, THE CENTER COLLABORATES WITH INTERNAL AND EXTERNAL PARTNERS TO PROVIDE EDUCATION TO PARENTS, CAREGIVERS, HEALTHCARE PERSONNEL, TEACHERS AND MANDATED REPORTERS OF SUSPECTED CHILD MALTREATMENT. THESE PARTNERS INCLUDE VALLEY CHILDREN'S TRAUMA DEPARTMENT'S INJURY PREVENTION TEAM, SAFE KIDS, CHILD ABUSE PREVENTION COUNCILS OF CALIFORNIA, COMPREHENSIVE YOUTH SERVICES, CPS, EXCEPTIONAL PARENTS UNLIMITED, SEXUAL ASSAULT RESPONSE TEAMS (SART) AND COUNTY PUBLIC HEALTH DEPARTMENTS. POISON CONTROL THE CENTRAL CALIFORNIA POISON CONTROL CENTER IS LOCATED ON THE VALLEY CHILDREN'S CAMPUS AND RECEIVED A DONATION OF OFFICE SPACE FROM VALLEY CHILDREN'S. THE CENTER ANSWERS CALLS FROM THROUGHOUT THE REGION AND PROVIDES EXPERT ADVICE AND INFORMATION REGARDING EXPOSURE TO POTENTIALLY HARMFUL SUBSTANCES. THE PHONES ARE STAFFED 24 HOURS A DAY, 7 DAYS A WEEK. IN ADDITION TO PROVIDING EMERGENCY TELEPHONE ADVICE REGARDING POISON EXPOSURES, THE POISON CONTROL CENTER OPERATES SEVERAL PROGRAMS CRITICAL TO A CULTURALLY DIVERSE, AGRICULTURALLY BASED COMMUNITY LIKE THE CENTRAL VALLEY. THE CENTER HAS BEEN EXPRESSLY RESPONSIVE TO THE GROWING AND LARGELY UNDERSERVED LATINO POPULATION BY DEVELOPING SPECIALIZED TEACHING TOOLS AND PROGRAM INTERVENTIONS IN SPANISH, AND PROVIDING CUSTOMIZED TRAININGS FOR COMMUNITY HEALTH WORKERS IN SPANISH. ALSO, THE CENTER CONTRACTS WITH THE STATE DEPARTMENT OF PESTICIDE REGULATION (DPR) TO ASSIST PHYSICIANS IN COMPLYING WITH MANDATORY REPORTING REQUIREMENTS FOR PESTICIDE EXPOSURES. THE POISON CONTROL CENTER ALSO PROVIDES CASE DATA AND INFORMATION ON THE HEALTH ISSUES RELATED TO PESTICIDE EXPOSURE IN CALIFORNIA. NEEDS NOT ADDRESSED TAKING INTO CONSIDERATION BOTH VALLEY CHILDREN'S EXISTING RESOURCES AND AS WELL AS COMMUNITY RESOURCES, VALLEY CHILDREN'S WILL NOT DIRECTLY ADDRESS THE REMAINING HEALTH NEEDS IDENTIFIED IN THE CHNA INCLUDING: ORAL HEALTH, SUBSTANCE USE, CLIMATE AND HEALTH/ENVIRONMENTAL POLLUTION, HOUSING AND HOMELESSNESS, EDUCATION, ECONOMIC SECURITY, SEXUALLY TRANSMITTED

INFECTIONS, ALZHEIMER'S DISEASE, AND COMMUNICABLE DISEASES. KNOWING THAT THERE ARE NOT SUFFICIENT RESOURCES TO ADDRESS ALL THE COMMUNITY HEALTH NEEDS, VALLEY CHILDREN'S CHOSE TO CONCENTRATE ON THOSE HEALTH NEEDS THAT CAN MOST EFFECTIVELY BE ADDRESSED GIVEN THE ORGANIZATION'S AREAS OF FOCUS AND EXPERTISE. THIS IMPLEMENTATION STRATEGY REPORT IS NOT EXHAUSTIVE OF EVERYTHING VALLEY CHILDREN'S DOES TO ENHANCE THE HEALTH OF ITS COMMUNITY. VALLEY CHILDREN'S WILL CONTINUE TO LOOK FOR OPPORTUNITIES TO ADDRESS COMMUNITY NEEDS WHERE IT CAN APPROPRIATELY CONTRIBUTE TO ADDRESSING THOSE NEEDS.

PART V, SECTION B, LINE 13H:

FACILITY REPORTING GROUP - A200% OR LESS FEDERAL POVERTY GUIDELINES (FPG) - FULL CHARITABLE DISCOUNT \$0 CHARGES.201%-350% 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.350% - HIGH MEDICAL COST DISCOUNT, INCOME FOR THE LAST 12 MONTHS DOES NOT EXCEED 350% OF FPG AND THEY HAVE NOT RECEIVED A DISCOUNTED RATE FROM THE HOSPITAL AS A RESULT OF THEIR THIRD-PARTY INSURANCE COVERAGE AND THEIR ANNUAL OUT-OF-POCKET MEDICAL EXPENSES. FOR THE PRIOR 12 MONTHS EXCEED 10% OF THEIR FAMILY'S ANNUAL INCOME. NO MORE THAN APPLICABLE 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

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.VALLEYCHILDRENS.ORG/PATIENTS-AND-FAMILIES/RECORDS-BILLING/FINANCIAL-AID

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

HTTPS://WWW.VALLEYCHILDRENS.ORG/PATIENTS-AND-FAMILIES/RECORDS-BILLING/FINANCIAL-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

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 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.
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 7:	CHARITY CARE AT COST WAS CALCULATED USING A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2. THE DECISION SUPPORT SYSTEM WAS USED TO CALCULATE COST-TO-CHARGE FOR DETERMINING UNREIMBURSED MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. THIS DECISION SUPPORT SYSTEM ADDRESSES ALL PATIENT SEGMENTS (I.E INPATIENT, OUTPATIENT, ETC.).
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 10,952,809.
PART III, LINE 4:	FOOTNOTE DESCRIBING BAD DEBT EXPENSE: SEE PAGE 12, NOTE 1 OF THE AUDITED FINANCIAL STATEMENTS.COSTING METHODOLOGY:ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE ESTIMATED BASED ON HISTORICAL WRITE-OFF PERCENTAGES AND REVIEW OF LARGE BALANCE SELF-PAY ACCOUNTS. DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBT IF SUBSEQUENTLY COLLECTED. THE COST OF BAD DEBT WRITE-OFFS WERE CALCULATED BY APPLYING THE OVERALL COST TO CHARGE RATIO OF THE ORGANIZATION TO THE CHARGES WRITTEN OFF.
PART III, LINE 8:	MEDICARE ALLOWABLE COST IS CALCULATED USING THE FILED 2022 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:	COMMUNITY HEALTH NEEDS ASSESSMENT: VALLEY CHILDREN'S HOSPITAL'S COMMUNITY BENEFITS PROGRAM IS BASED ON A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). CONSISTENT WITH STATE AND FEDERAL LAW, VALLEY CHILDREN'S HOSPITAL COMPLETES A FORMAL CHNA

	<p>AT LEAST ONCE EVERY THREE YEARS. VALLEY CHILDREN'S HOSPITAL'S 2022 COMMUNITY BENEFITS PROGRAM IS BUILT UPON THE OUTCOMES OF A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT THAT INCLUDED THE FOLLOWING ACTIVITIES: VALLEY CHILDREN'S 2019 CHNA WAS BASED ON A JOINT NEEDS ASSESSMENT FOR FRESNO, KINGS, MADERA AND TULARE COUNTIES. VALLEY CHILDREN'S PARTNERED WITH 15 HOSPITALS TO CONDUCT AN ASSESSMENT OF HEALTH NEEDS FOR BOTH CHILDREN AND ADULTS. THE CHNA WAS COORDINATED BY THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA, AND INCLUDED A THOROUGH REVIEW OF SECONDARY DATA AS WELL AS SIGNIFICANT COMMUNITY ENGAGEMENT THROUGH SURVEYS, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. ADDITIONALLY, VALLEY CHILDREN'S STAFF ENGAGED REGULARLY WITH A HOST OF COMMUNITY-BASED ORGANIZATIONS AND INITIATIVES THAT KEPT US CLOSE TO THE ISSUES IMPACTING THE HEALTH AND WELLBEING OF CHILDREN IN THE REGION.</p>
<p>PART VI, LINE 3:</p>	<p>ENROLLMENT IN HEALTH INSURANCE VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDER-INSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR 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.</p>
<p>PART VI, LINE 4:</p>	<p>COMMUNITY INFORMATION: AS THE ONLY PEDIATRIC NETWORK OF ITS KIND IN ALL OF CENTRAL CALIFORNIA, VALLEY CHILDREN'S SERVICE AREA EXTENDS FROM SAN JOAQUIN COUNTY IN THE NORTH TO KERN COUNTY IN THE SOUTH, AND SERVES MUCH OF THE CENTRAL COAST AND EASTERN SIERRA AS WELL. VALLEY CHILDREN'S SERVICE AREA IS FOCUSED ON THOSE SEVEN COUNTIES THAT COLLECTIVELY ACCOUNT FOR MORE THAN 90% OF VALLEY CHILDREN'S INPATIENT AND OUTPATIENT VOLUME. THOSE COUNTIES ARE FRESNO, KERN, KINGS, MADERA, MERCED, STANISLAUS AND TULARE. ACCORDING TO WWW.KIDS.DATA.ORG, MORE THAN 1/4 OF CHILDREN LIVING IN THESE SEVEN COUNTIES LIVE IN POVERTY, 3/4 ARE AN ETHNICITY OTHER THAN CAUCASIAN AND CLOSE TO 1/5 LIVE IN FAMILIES WHERE ENGLISH IS NOT THE PRIMARY LANGUAGE SPOKEN AT HOME. IN 2022, VALLEY CHILDREN'S HOSPITAL HAD 10,496 INPATIENT ADMISSIONS, 86,895 EMERGENCY DEPARTMENT VISITS AND 279,027 HOSPITAL-BASED OUTPATIENT SPECIALTY CARE CENTER, REGIONAL SPECIALTY CARE CENTER, AND PRIMARY CARE CENTER VISITS. MEDI-CAL BENEFITS COVERED 73.8% OF THE HOSPITAL'S TOTAL INPATIENT AND OUTPATIENT VISITS AT VALLEY CHILDREN'S HOSPITAL IN 2022.</p>
<p>PART VI, LINE 5:</p>	<p>PROMOTION OF COMMUNITY HEALTH 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 A PART OF THE FRESNO COUNTY SUPERINTENDENT OF SCHOOLS' (FCSOS) MOBILE HEALTH UNIT (MHU). DESIGNED TO HELP ENSURE THAT CHILDREN ARE HEALTHY AND ABLE TO LEARN, THE MHU VISITED 38 DIFFERENT SCHOOLS IN 2022 INCLUDING MANY LOCATED IN RURAL AND LOW-INCOME COMMUNITIES, AND AS PART OF THESE VISITS, 1,001 CHILDHOOD VACCINATIONS WERE ADMINISTERED AND 315 SPORTS PHYSICALS WERE PERFORMED. ADAPTIVE SPORTS PROGRAM VALLEY CHILDREN'S ADAPTIVE SPORTS PROGRAM PROVIDED 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, WERE ESPECIALLY ENCOURAGED TO ATTEND. IN 2022, APPROXIMATELY 120 CHILDREN PARTICIPATED IN A VARIETY OF ACTIVITIES INCLUDING CANOEING, KAYAKING AND ROCK CLIMBING. FOOD FOR FAMILIES VALLEY CHILDREN'S DIETARY TEAM PROVIDED MEAL COUPONS TO BREASTFEEDING MOMS WHOSE INFANTS WERE AT VALLEY CHILDREN'S. ADDITIONALLY, THROUGH A PROGRAM CALLED MEALS FROM THE HEART, WHICH IS SPONSORED BY RONALD MCDONALD CHARITIES OF CENTRAL CALIFORNIA, VALLEY CHILDREN'S SOCIAL WORK TEAM PROVIDED PATIENTS' FAMILIES WITH MEAL COUPONS WHEN THEY ARRIVED AND WERE NOT PREPARED FOR A LONG STAY AT THE HOSPITAL. THE SOCIAL WORK TEAM ALSO 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 INTO 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 THE PARTNERSHIP, VALLEY CHILDREN'S HAS COMMITTED FUNDING OVER THREE YEARS THAT SUPPORTS THE FOLLOWING INTERVENTIONS: A) FOOD DISTRIBUTIONS TO UP TO 70 FAMILIES WITH CHILDREN BEING SERVED BY VALLEY CHILDREN'S HOME CARE. QUALIFYING FAMILIES RECEIVE ONE FOOD BOX PER MONTH: B) FOOD DISTRIBUTIONS TO UP TO 100 FAMILIES EACH YEAR THROUGH A FOOD PANTRY AT WEST FRESNO ELEMENTARY SCHOOL: AND C) SUPPORT FOR THE FIRST FRUITS MARKET AT CITY CENTER IN FRESNO THAT WILL BE AVAILABLE TO LOW-INCOME FAMILIES WITH CHILDREN TO ACCESS NUTRITIOUS FOOD, FREE OF CHARGE, IN A SETTING MUCH LIKE ANY NEIGHBORHOOD GROCERY STORE. HELP ME GROW HELP ME GROW IS A SYSTEM USED THROUGHOUT THE UNITED STATES TO HELP CHILDREN REACH THEIR OPTIMAL DEVELOPMENT BY KINDERGARTEN. HELP ME GROW PROGRAMS INCLUDE A CENTRALIZED INTAKE AND REFERRAL PROCESS, COMMUNITY OUTREACH TO PROMOTE EARLY INTERVENTION SYSTEMS, TARGETED OUTREACH TO CHILD CARE AND CHILD HEALTH PROVIDERS, AND THE COLLECTION AND ANALYSIS OF DATA TO IMPROVE THE SYSTEM. IN 2022, VALLEY CHILDREN'S AND ITS PRIMARY CARE PRACTICES IN KERN COUNTY AND SEPARATELY IN MERCED COUNTY PARTNERED WITH STAKEHOLDERS IN BOTH COUNTIES TO IMPLEMENT HELP ME GROW PROGRAMS. VALLEY CHILDREN'S HAS BEEN AN ACTIVE PARTICIPANT IN FRESNO COUNTY'S HELP ME GROW PROGRAM FOR A NUMBER OF YEARS. ALSO IN 2022, VALLEY CHILDREN'S CONVENED STAKEHOLDERS FROM ACROSS ITS SERVICE AREA TO EXPLORE OPPORTUNITIES TO COLLABORATE REGIONALLY ON SOME OF THE HELP ME GROW PROCESSES. SCHOOLS FOR HEALTHY THRIVING STUDENTS IN JANUARY 2022, VALLEY CHILDREN'S GUILDS CENTER FOR COMMUNITY HEALTH, IN PARTNERSHIP WITH THE CENTER FOR WELLNESS AND NUTRITION, LAUNCHED SCHOOLS FOR HEALTHY THRIVING STUDENTS PHASE 2. THIS IS A TWO-YEAR INITIATIVE THAT AIMS TO ENGAGE SUPERINTENDENTS, BOARD MEMBERS AND WELLNESS CHAMPIONS FROM SCHOOL DISTRICTS IN FRESNO COUNTY AND MADERA COUNTY TO PROVIDE THEM WITH THE KNOWLEDGE, SKILLS, TECHNICAL ASSISTANCE AND RESOURCES NEEDED TO EFFECTIVELY DEVELOP AND IMPLEMENT LOCAL SCHOOL WELLNESS POLICIES. THE U.S. DEPARTMENT OF AGRICULTURE REQUIRES THAT SCHOOL DISTRICTS PARTICIPATING IN THE NATIONAL SCHOOL LUNCH PROGRAM AND/OR SCHOOL BREAKFAST PROGRAM DEVELOP A WELLNESS POLICY. SCHOOLS FOR HEALTHY THRIVING STUDENTS FOCUSES EFFORTS ON THE CENTERS FOR DISEASE AND CONTROL AND PREVENTION'S WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD FRAMEWORK (WSCC). THE WSCC MODEL IS STUDENT-CENTERED AND EMPHASIZES THE ROLE OF THE COMMUNITY IN SUPPORTING THE SCHOOL, THE CONNECTIONS BETWEEN HEALTH AND ACADEMIC ACHIEVEMENT AND THE IMPORTANCE OF EVIDENCE-BASED SCHOOL POLICIES AND PRACTICES. A TOTAL OF 17 SCHOOL DISTRICTS FROM FRESNO COUNTY AND MADERA COUNTY ARE PARTICIPATING IN THIS INITIATIVE, WHICH IS JOINTLY FUNDED BY VALLEY CHILDREN'S AND NO KID HUNGRY. SPECIFIC GOALS OF THE INITIATIVE ARE TO: A) INCREASE KNOWLEDGE OF THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD FRAMEWORK; B) INCREASE THE NUMBER OF SCHOOL DISTRICTS ADOPTING LOCAL SCHOOL</p>

CHILD FRAMEWORK; B) INCREASE THE NUMBER OF SCHOOL DISTRICTS ADOPTING LOCAL SCHOOL WELLNESS POLICIES THAT INCORPORATE EVIDENCE-BASED PRACTICES; AND C) INSTITUTE A REGULAR, ONGOING PROCESS BY WHICH THE PARTICIPATING DISTRICTS MONITOR THEIR PERFORMANCE, SHARE PRACTICES AND DEVELOP ACCOUNTABILITY FOR COMPREHENSIVE AND ONGOING IMPLEMENTATION OF THEIR WELLNESS POLICIES. VALLEY CHILDREN'S, ALONG WITH MADERA UNIFIED SCHOOL DISTRICT (ONE OF THE DISTRICTS PARTICIPATING IN THIS INITIATIVE), AND THE CENTER FOR WELLNESS AND NUTRITION, WERE INVITED TO PRESENT THEIR FINDINGS AT THE ACTION FOR HEALTHY KIDS NATIONAL CONFERENCE IN CHICAGO. THE INVITATION TO PRESENT AT THE CONFERENCE SPEAKS TO THE IMPORTANCE OF THIS WORK AND THE POSITIVE CONTRIBUTIONS WE ARE HAVING ON CHILD HEALTH AND WELLNESS. 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 2022 VALLEY CHILDREN'S DEMONSTRATED ITS COMMITMENT TO MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN A NUMBER OF WAYS, INCLUDING THOSE LISTED BELOW AND IN PART V, SECTION B, LINE 11. ADVERSE CHILDHOOD EXPERIENCES (ACES) PROJECT IN SEPTEMBER 2022, VALLEY CHILDREN'S OLIVEWOOD PEDIATRICS IN MERCED WAS THE RECIPIENT OF AN ACES AWARE PRACTICE PATHFINDER GRANT, WHICH WILL CONTINUE THROUGH NOVEMBER 2023. THE GOALS OF THE GRANT ARE THREEFOLD: 1) STRENGTHEN PARTNERSHIPS AMONG HEALTHCARE PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, AND MEDICAL MANAGED CARE PLANS TO SCREEN AND RESPOND TO ACES; 2) DEVELOP NEW, EVIDENCE-BASED SERVICES TO PREVENT AND TREAT TOXIC STRESS PHYSIOLOGY AND ACE-ASSOCIATED HEALTH CONDITIONS; AND 3) BUILD A SUSTAINABLE WORKFORCE THAT SUPPORTS SCREENING AND PREVENTION OF ACES. ADDITIONALLY, VALLEY CHILDREN'S IMPLEMENTED UNIVERSAL ACES SCREENINGS IN ALL OF ITS PRIMARY CARE PRACTICES IN SUMMER 2022. BEHAVIORAL HEALTH SCHOOL LIAISON THROUGH FUNDING FROM THE FRESNO COUNTY SUPERINTENDENT OF SCHOOLS, VALLEY CHILDREN'S HIRED AN ON-SITE BEHAVIORAL HEALTH SCHOOL LIAISON. THE LIAISON COLLABORATED WITH AREA SCHOOL DISTRICTS TO ENSURE THAT CHILDREN PRESENTING TO OUR EMERGENCY DEPARTMENT AND INPATIENT UNITS WITH MENTAL HEALTH NEEDS RECEIVE APPROPRIATE RESOURCES AND SUPPORT WHEN THEY RETURN TO SCHOOL. THIS IS A VOLUNTARY PROGRAM AND VALLEY CHILDREN'S IS WORKING TO ENHANCE COMMUNICATION AND USE OF RESOURCES FOR CHILDREN SEEN AT VALLEY CHILDREN'S AND THEIR RE-ENTRY TO SCHOOL. ADDITIONALLY, VALLEY CHILDREN'S CONTINUED TO SUPPORT 360ME, AN INITIATIVE THAT IS DESIGNED TO PROVIDE FAMILIES, SCHOOLS, AND COMMUNITIES WITH TOOLS AND RESOURCES TO MAKE SURE WE ARE DOING ALL THAT WE CAN TO SAFEGUARD BOTH OUR CHILDREN'S PHYSICAL HEALTH AND THEIR MENTAL HEALTH. 360ME INTENTIONALLY HELPS STAKEHOLDERS RECOGNIZE AND UNDERSTAND THE MANY CONNECTIONS BETWEEN MENTAL AND PHYSICAL WELLNESS AND TO REDUCE THE STIGMA SOCIETY INCORRECTLY ASSOCIATES WITH MENTAL HEALTH. UNIVERSAL SCREENING IN JANUARY

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY CHILDREN'S HOSPITAL

Employer identification number 94-1294954

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include organizations like CHILDREN'S MOVEMENT OF FRESNO, MAKE A WISH, BUDDHIST TZU CHI, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 14
3 Enter total number of other organizations listed in the line 1 table. 0

Schedule I (Form 990) 2021

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.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance. Rows include NURSING SCHOLARSHIP, EDUCATION SCHOLARSHIP - RESPIRATORY FOCUS, CAFETERIA MEALS, TAXI, BUS AND TRANSIT SERVICES.

(7)					
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Schedule I (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (VALLEY CHILDREN'S HOSPITAL) and Employer identification number (94-1294954)

Part I Questions Regarding Compensation

Main table for Part I with columns for questions (1a-9) and Yes/No responses.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Rows include Todd Suntrapak, Michele R Waldron, Beverly Hayden-Pugh, Natale Ponticello Jr, David Christensen, and Jane Willson.

	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7 MICHAEL GOLDRING SVP STRATEGIC PARTNERSHIPS	(i)	486,458	339,192	74,516	27,540	10,429	938,135	0
	(ii)	0	0	0	0	0	0	0
8 DAVID HODGE JR VP HOSPITAL OPERATIONS	(i)	444,619	258,652	45,134	94,214	29,354	871,973	43,410
	(ii)	0	0	0	0	0	0	0
9 KEVIN SHIMAMOTO VP AND ADVISOR TO CIO	(i)	421,652	251,915	91,316	93,072	7,679	865,634	66,954
	(ii)	0	0	0	0	0	0	0
10 KAREN DAHL VP, MED AFFAIRS & PHYS DEV	(i)	424,673	255,996	84,101	89,005	8,974	862,749	62,893
	(ii)	0	0	0	0	0	0	0
11 WILLIAM CHALTRAW SVP AND CHIEF LEGAL OFFICER	(i)	442,749	305,700	43,734	22,517	29,754	844,454	0
	(ii)	0	0	0	0	0	0	0
12 LYNN ASHBECK SVP, CHIEF COMMUNITY IMPACT	(i)	410,825	262,724	79,001	89,897	0	842,447	62,372
	(ii)	0	0	0	0	0	0	0
13 JOEL BROWNELL MD VP, CHIEF MEDICAL INFO OFF	(i)	339,324	213,845	87,875	78,565	24,136	743,745	67,006
	(ii)	0	0	0	0	0	0	0
14 STEPHANIE VANCE VP, FINANCE	(i)	354,465	184,841	51,593	77,723	29,354	697,976	44,296
	(ii)	0	0	0	0	0	0	0
15 JOLIE LIMON VP ACAD AFFAIRS, DIO & CHI	(i)	357,673	220,328	20,934	85,828	9,409	694,172	0
	(ii)	0	0	0	0	0	0	0
16 DANIELLE BARRY SVP, CHIEF OP INTEG	(i)	330,519	175,668	83,943	57,722	32,104	679,956	57,763
	(ii)	0	0	0	0	0	0	0
17 DAVID SINGH VP, COO OF VCMG	(i)	286,636	203,037	91,742	81,841	15,939	679,195	54,437
	(ii)	0	0	0	0	0	0	0
18 JESSIE HUDGINS VP, FACILITIES & SUPPORT SERVICES	(i)	293,795	182,907	96,125	75,930	10,812	659,569	48,837
	(ii)	0	0	0	0	0	0	0
19 BRIAN SMULLIN VP, MANAGED CARE (THRU 09/22)	(i)	298,521	178,177	61,945	69,193	23,140	630,976	60,830
	(ii)	0	0	0	0	0	0	0
20 VICKY TILTON VP PATIENT CARE SERVICES & ASST CNO	(i)	299,191	136,038	9,920	11,471	29,158	485,778	0
	(ii)	0	0	0	0	0	0	0
21 AMANDA PATTERSON EXEC DIREC & DEPUTY GEN CO	(i)	232,276	101,252	328	12,175	28,561	374,592	0
	(ii)	0	0	0	0	0	0	0
22 YVONNE WOOD MANAGER PATIENT THROUGHPUT	(i)	314,659	0	274	27,093	31,854	373,880	0
	(ii)	0	0	0	0	0	0	0
23 RAED KHOURY VP, QUAL, PATIENT SAFETY	(i)	216,456	92,683	17,918	15,963	29,354	372,374	0
	(ii)	0	0	0	0	0	0	0
24 RATAN MILEVOJ VP MKTG, COMM, INNOVATION	(i)	227,238	44,426	20,079	15,472	28,983	336,198	0
	(ii)	0	0	0	0	0	0	0
25 JOSEPH EGAN VP & CIO	(i)	213,602	32,523	21,447	21,023	37,568	326,163	0
	(ii)	0	0	0	0	0	0	0
26 JULIE MACIAS DIRECTOR, ACCOUNTING & REPORTING	(i)	214,442	47,501	468	20,899	30,004	313,314	0
	(ii)	0	0	0	0	0	0	0
27 ADAM VAN DUSON EXEC DIR, FOUNDATION	(i)	197,308	82,897	18,260	10,759	793	310,017	0
	(ii)	0	0	0	0	0	0	0
28 DAVID NALCHAJIAN FORMER BOARD MEMBER	(i)	300,000	0	0	0	0	300,000	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS INCLUDE 1) A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), 2) A DEFERRED COMPENSATION PLAN FOR SELECTED EXECUTIVES AND 3) A NONCONTRIBUTORY, NONQUALIFIED DEFERRED COMPENSATION PLAN FOR A SELECT GROUP OF MANAGEMENT CALLED THE DEFINED CONTRIBUTION SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (DCSERP). 4) A SPLIT DOLLAR LIFE INSURANCE PROGRAM AVAILABLE TO CERTAIN KEY EXECUTIVES (SEE SCHEDULE L PART V FOR A BROADER DESCRIPTION) AND 5) AN ADDITIONAL DEFERRED COMPENSATION PLAN BENEFITTING CERTAIN KEY EXECUTIVES. DAVID HODGE JR, DANIELLE BARRY, LYNN ASHBECK, BRIAN SMULLIN, STEPHANIE VANCE AND RAED KHOURY WERE ELIGIBLE TO CONTRIBUTE TO THE DEFERRED COMPENSATION PLAN, BUT NO CONTRIBUTIONS WERE MADE. \$1,009,840 WAS PAID OUT OF THE DCSERP PLAN DURING THE YEAR. EMPLOYER CONTRIBUTIONS TO THE DCSERP AND THE CHANGE IN ACTUARIAL VALUE OF DCSERP BENEFITS FOR CALENDAR YEAR 2021 ARE AS FOLLOWS: (REVENUE) (EXPENSE)

CONTRIBUTIONS TO THE DC SERP AND THE CHANGE IN ACTUARIAL VALUE OF SERP BENEFITS FOR CALENDAR YEAR 2021 ARE AS FOLLOWS: BEVERLY HAYDEN-PUGH - DC SERP \$86,199; CHANGE IN SERP ACTUARIAL VALUE \$0. JESSIE HUDGINS - DC SERP \$48,390; CHANGE IN SERP ACTUARIAL VALUE \$0. JANE WILLSON - DC SERP \$70,327; CHANGE IN SERP ACTUARIAL VALUE \$0. DAVID SINGH - DC SERP \$54,301; CHANGE IN SERP ACTUARIAL VALUE \$0. STEPHANIE VANCE - DC SERP \$48,708; NOT ELIGIBLE FOR SERP. NATALIE PONTICELLO - DC SERP \$65,456; NOT ELIGIBLE FOR SERP. JOEL BROWNELL - DC SERP \$56,725; NOT ELIGIBLE FOR SERP. KAREN DAHL - DC SERP \$67,313; NOT ELIGIBLE FOR SERP. KEVIN SHIMAMOTO - DC SERP \$65,626; NOT ELIGIBLE FOR SERP. DANIELLE BARRY - DC SERP \$46,322; NOT ELIGIBLE FOR SERP. BRIAN SMULLIN - DC SERP \$47,353; NOT ELIGIBLE FOR SERP. DAVID HODGE - DC SERP \$67,570; NOT ELIGIBLE FOR SERP. LYNNE ASHBECK - DC SERP \$62,357; NOT ELIGIBLE FOR SERP. JOLIE LIMON - DC SERP \$58,288; NOT ELIGIBLE FOR SERP. MICHAEL GOLDRING, WILLIAM CHALTRAW, JR, DAVID CHRISTENSEN, TODD SUNTRAPAK, AND MICHELE WALDRON PARTICIPATE IN THE SPLIT-DOLLAR LIFE INSURANCE PROGRAM. TODD SUNTRAPAK, MICHELE WALDRON, BEVERLY HAYDEN-PUGH AND NATALIE PONTICELLO PARTICIPATE IN A 457F RABBI TRUST DEFERRED COMPENSATION PLAN. THE FOLLOWING AMOUNTS PAID DURING THE 2021 CALENDAR YEAR: TODD SUNTRAPAK - \$1,600,081 MICHELE WALDRON - \$1,500,093 BEVERLY HAYDEN-PUGH - \$530,443 NATALIE PONTICELLO - \$577,688

PART I, LINE 5

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

PART I, LINE 6

SEE EXPLANATION FOR LINE 5, ABOVE

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1

20

Open to Inspe

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (VALLEY CHILDREN'S HOSPITAL) and 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.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Yes

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 organ reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (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) Yes

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of

Part IV Business Transactions Involving Interested Persons.

efile Public Visual Render	ObjectID: 202302279349304400 - Submission: 2023-08-15	TIN: 9
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 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB N 2 Oper In:

Name of the organization VALLEY CHILDREN'S HOSPITAL	Employer identification 94-1294954
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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE ONE I. DESCRIPTION OF PI SERVICE ONE MORE THAN 70 YEARS AGO. OUR FIVE FOUNDING MOTHERS HAD A DREAM TO BUILD A HOS CENTRAL VALLEY JUST FOR CHILDREN. VALLEY CHILDREN'S HEALTHCARE HAS GROWN AND FLOURISHED SINCE, CARING FOR GENERATIONS OF CHILDREN SINCE 1952. MISSION THE MISSION OF VALLEY CHILDRE HOSPITAL IS TO PROVIDE HIGH QUALITY, COMPREHENSIVE HEALTH CARE SERVICES TO CHILDREN REGAI THEIR ABILITY TO PAY, AND TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN. VI VISION CAPTURES THE PATH WE'VE TRAVELED AND SHOWCASES OUR COMMITMENT AND PASSION TO BE OUR VISION IS TO CONTINUE TO PROVIDE THE NATION'S BEST HEALTHCARE FOR KIDS AND TO BECOME T NATION'S BEST CHILDREN'S HOSPITAL. CORE VALUES THE FOLLOWING CORE ORGANIZATIONAL VALUES (INVESTMENTS AND SUPPORT PROVIDED BY VALLEY CHILDREN'S HOSPITAL'S COMMUNITY BENEFITS PRO EXCELLENCE: WE ARE DEDICATED, DISCIPLINED AND DEMONSTRATE HIGH STANDARDS AS WE STRIVE TO BEST. WE TAKE OWNERSHIP AND EMPOWER OURSELVES TO DELIVER AN EXCEPTIONAL EXPERIENCE, EVI INTERACTION, EVERY TIME. COMPASSIONATE CARE: WE ARE PRESENT IN EVERY INTERACTION AND RESI OTHERS WITH WARMTH AND KINDNESS. INTEGRITY: WE ARE HONEST AND ETHICAL, DEMONSTRATE HIGH STANDARDS OF PERSONAL CONDUCT, KEEP OUR WORD AND TAKE RESPONSIBILITY FOR OUR ACTIONS. I WE LOOK FOR WAYS TO LEARN AND MAKE THINGS BETTER AND ARE PROBLEM SOLVERS. COLLABORATIC CONTRIBUTE TO, SUPPORT AND RESPECT DECISIONS THAT ARE MADE BY OUR TEAMS AND THE ORGANIZ BUILD AND PROMOTE POSITIVE WORKING RELATIONSHIPS AND TEAMWORK. STEWARDSHIP: WE ARE ACC FOR EFFECTIVELY MANAGING OUR TIME AND THE ORGANIZATION'S RESOURCES. WE SHARE RESOURCE; ACHIEVE THE BEST OUTCOME. COMMITMENT TO THE COMMUNITY VALLEY CHILDREN'S IS CENTRAL CALIF ONLY HIGH-QUALITY, COMPREHENSIVE HEALTH CARE NETWORK DEDICATED TO CHILDREN, FROM BEFOR YOUNG ADULTHOOD, AS WELL AS TO HIGH RISK PREGNANT WOMEN, AND AS SUCH PLAYS A VITAL ROLE IN THE HEALTH CARE NEEDS OF SOME OF OUR REGION'S SICKEST AND MOST MEDICALLY VULNERABLE RES VALLEY CHILDREN'S NETWORK IS ANCHORED BY A 330-BED STAND-ALONE CHILDREN'S HOSPITAL IN MADI THREE NEONATAL UNITS (28 BEDS IN TOTAL) LOCATED ACROSS THE CENTRAL VALLEY. IN ADDITION, VALLI CHILDREN'S HEALTHCARE NETWORK INCLUDES SPECIALTY CARE CENTERS, PEDIATRIC PRIMARY CARE F AND WOMEN'S HEALTH SERVICES. VALLEY CHILDREN'S CONSISTENTLY RANKS AT THE TOP OF ITS PEER C QUALITY PATIENT OUTCOMES AS EVIDENCED BY THE FOLLOWING; A) RECOGNITION BY THE LEAP FROG C ONE OF THE NATION'S TOP CHILDREN'S HOSPITALS FOR EXCELLENCE IN PATIENT SAFETY AND QUALITY; I AWARD FOR EXCELLENCE IN CRITICAL CARE, AND; C) U.S. NEWS AND WORLD REPORT RECOGNITION IN 2 ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS INCLUDING NEONATOLOGY, PEDIATRIC GASTROENTI GASTROINTESTINAL SURGERY, PEDIATRIC NEUROLOGY & NEUROSURGERY, PEDIATRIC ORTHOPEDICS, P PULMONOLOGY & LUNG SURGERY AND PEDIATRIC UROLOGY. WHILE PROVIDING EXCEPTIONAL HEALTHC, SINGLE GREATEST CONTRIBUTION VALLEY CHILDREN'S MAKES FOR CHILDREN AND THEIR FAMILIES, VALLI CHILDREN'S ALSO RECOGNIZES THAT IT IS UNIQUELY POSITIONED TO SUPPORT THE NEEDS OF CHILDREI WAYS AS WELL. TO HELP ADVANCE ITS COMMUNITY-BASED WORK, VALLEY CHILDREN'S LAUNCHED THE C CENTER FOR COMMUNITY HEALTH IN NOVEMBER 2019. THE CENTER IS THE FIRST OF ITS KIND IN THE CE VALLEY TO BRIDGE THE EXCEPTIONAL CARE KIDS RECEIVE WITHIN OUR NETWORK AND THE HEALTH IMP, CHILDREN EXPERIENCE WHERE THEY LIVE, LEARN AND PLAY. VALLEY CHILDREN'S RECOGNIZES THAT TH OF OUR CHILDREN IS IMPACTED BY SOCIAL DETERMINANTS SUCH AS PHYSICAL ENVIRONMENT, HEALTH I AND ECONOMIC STATUS. ACCORDING TO RESEARCH, OF ALL THE FACTORS THAT INFLUENCE OUR HEALT ARE LINKED TO THE CLINICAL CARE WE RECEIVE AND 80% ARE RELATED TO THESE SOCIAL DETERMINAN GUILDS CENTER FOR COMMUNITY HEALTH IS AN INVESTMENT IN THAT 80%. II. SERVICE AREA DEMOGRAF PATIENT VOLUME SERVICE AREA DEMOGRAPHICS AS THE ONLY PEDIATRIC SPECIALTY HOSPITAL LOCATE CENTRAL CALIFORNIA, VALLEY CHILDREN'S HOSPITAL'S SERVICE AREA EXTENDS FROM SACRAMENTO CC THE NORTH TO KERN COUNTY IN THE SOUTH, AND SERVES MUCH OF THE CENTRAL COAST AND EASTERI WELL. VALLEY CHILDREN'S HOSPITAL'S PATIENT VOLUME IN 2022, VALLEY CHILDREN'S HOSPITAL HAD 10,4 INPATIENT ADMISSIONS, 86,895 EMERGENCY DEPARTMENT VISITS AND 279,027 HOSPITAL BASED OUTPATI SPECIALTY CARE CENTER, REGIONAL SPECIALTY CARE CENTER, PRIMARY CARE CENTER, AND URGENT (MEDI-CAL COVERED 73.8% OF VALLEY CHILDREN'S TOTAL INPATIENT VISITS.
FORM 990, PART III, LINE 4A	III. COMMUNITY BENEFITS PROGRAM IN FY 2021, VALLEY CHILDREN'S HOSPITAL PROVIDED COMMUNITY B ACTIVITIES AND PROGRAMS WITHIN ITS SERVICE AREA. INJURY PREVENTION PROGRAM IN 2022, VALLEY INJURY PREVENTION PROGRAM RECORDED 1,250 CONTACTS WITH COMMUNITY MEMBERS DURING 14 CC BASED TEACHING EVENTS COVERING THE FOLLOWING TOPICS: ATV SAFETY, CAR SAFETY, CAR SEAT ANE PASSENGER SAFETY, CARBON MONOXIDE POISON PREVENTION, CONCUSSIONS, FIRE PREVENTION, GUN SAFETY, HALLOWEEN SAFETY, HOME SAFETY, LEAD POISON PREVENTION, OVERUSE INJURIES, POISON F RAILROAD SAFETY, SAFE SLEEP, SNAKE BITES, TEEN DRIVING, TOY SAFETY, VAPING, VEHICULAR HEAT ST PREVENTION AND WATER SAFETY. COMMUNITY-BASED EDUCATION AND OUTREACH VALLEY CHILDREN'S RESIDENTS PROVIDED EDUCATION ON ASTHMA AND OTHER RESPIRATORY ISSUES IMPACTING SCHOOL-A CHILDREN AND CARDIAC ISSUES EXPERIENCED IN THE SCHOOL SETTING. CHILD ABUSE PREVENTION TH VALLEY CHILDREN'S CHILD ABUSE PREVENTION AND TREATMENT CENTER'S MISSION IS TO PROVIDE COMPREHENSIVE SERVICES TO CHILDREN, DEPENDENT ADULTS AND THEIR FAMILIES THROUGH A MII TIDISCIPIINARY CHII D-FRIENDLY PROGRAM AND TO MEET THE PHYSICAL AND EMOTIONAL NEEDS O

WITH ABUSE CONSIDERATIONS. THE GUILDS CHILD ABUSE PREVENTION AND TREATMENT CENTER INCLUDES CHILD ADVOCACY CLINIC, WHICH OPERATES FIVE DAYS A WEEK AND SEES APPROXIMATELY 900 CHILDREN YEAR. THE CENTER'S PROVIDERS ARE AVAILABLE SEVEN DAYS A WEEK, 24 HOURS A DAY FOR EMERGENCY COVERAGE. THE CENTER INCLUDES AN INPATIENT COMPONENT THAT EVALUATES APPROXIMATELY 100 CHILDREN ANNUALLY IN THE PEDIATRIC EMERGENCY DEPARTMENT, ACUTE-CARE FLOORS AND PEDIATRIC INTENSIVE CARE UNIT. IN ADDITION TO THE MEDICAL SERVICES OFFERED, THE CENTER HAS A TEAM OF SOCIAL WORKERS, LICENSED MENTAL HEALTH CLINICIAN THAT PROVIDE PSYCHO-SOCIAL ASSESSMENT, LINKAGES TO COMMUNITY SERVICES, AND TRAUMA THERAPY. FOR PREVENTION EDUCATION, THE CENTER CONTINUED TO COLLABORATE WITH INTERNAL AND EXTERNAL PARTNERS TO PROVIDE EDUCATION TO PARENTS, CAREGIVERS, HEALTHCARE PERSONNEL, TEACHERS, MANDATED REPORTERS, AND OTHERS. THESE PARTNERS INCLUDED VALLEY CHILDREN'S TRAUMA DEPARTMENT'S INJURY PREVENTION TEAM AND EMERGENCY DEPARTMENT, SAFE KIDS OF CALIFORNIA, CHILD ABUSE PREVENTION COUNCILS OF CALIFORNIA, CPS, DISTRICT ATTORNEY'S OFFICES, POLICE AND LAW ENFORCEMENT AGENCIES, SEXUAL ASSAULT RESPONSE TEAMS (SART), VICTIM ADVOCACY GROUPS, COUNTY PUBLIC HEALTH DEPARTMENTS. HEALTHCARE SUPPORT SERVICES ENROLLMENT IN HEALTH INSURANCE THROUGH VALLEY CHILDREN'S IDENTIFIED AND PROVIDED ENROLLMENT ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WHO QUALIFIED FOR MEDI-CAL, CALIFORNIA CHILDREN'S SERVICES PROGRAM OR VALLEY CHILDREN'S FINANCIAL ASSISTANCE PROGRAM. ONCE ELIGIBILITY WAS DETERMINED, VALLEY CHILDREN'S STAFF ASSISTED FAMILIES WITH COMPLETING NECESSARY APPLICATIONS AND SUBMITTING THEM TO THE APPROPRIATE AGENCIES. A FOOD FOR FAMILIES VALLEY CHILDREN'S DIETARY DEPARTMENT PROVIDED MEAL COUPONS TO BREASTFEEDING MOMS WHOSE INFANTS WERE AT VALLEY CHILDREN'S. ADDITIONALLY, THROUGH A PROGRAM CALLED MEAL HEART, WHICH IS SPONSORED BY RONALD MCDONALD CHARITIES OF CENTRAL CALIFORNIA, VALLEY CHILDREN'S SOCIAL WORK TEAM PROVIDED PATIENTS' FAMILIES WITH MEAL COUPONS WHEN THEY ARRIVED AND WE WERE PREPARED FOR A LONG STAY AT THE HOSPITAL. THE SOCIAL WORK TEAM ALSO WORKED CLOSELY WITH CALIFORNIA CHILDREN'S SERVICES PROGRAM TO PROVIDE FOOD FOR ELIGIBLE FAMILIES. TRANSPORTATION IS A MAJOR CHALLENGE IN THE CENTRAL VALLEY'S LARGELY RURAL LANDSCAPE AND HIGH CONCENTRATION OF POVERTY, TRANSPORTATION HAS LONG BEEN A CHALLENGE FOR MANY FAMILIES. VALLEY CHILDREN'S CONTINUED TO WORK WITH THE COMMUNITY TO IMPROVE PUBLIC TRANSPORTATION AND ACCESS TO CARE. VALLEY CHILDREN'S SOCIAL WORK DEPARTMENT ASSISTED FAMILIES WITH TRANSPORTATION BY PROVIDING GAS CARDS, TAXI VOUCHERS, RIDE TICKETS AND BUS TOKENS. VALLEY CHILDREN'S ALSO SUBSIDIZED BUS AND OTHER PUBLIC TRANSIT SERVICES FROM THE CITY OF FRESNO AND KINGS COUNTY. SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES INCLUDE: A) 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 THE PARTNERSHIP, VALLEY CHILDREN'S HAS COMMITTED FUNDING OVER THREE YEARS THAT SUPPORTS THE FOLLOWING INTERVENTIONS: A) FOOD DISTRIBUTIONS TO UP TO 70 FAMILIES WITH CHILDREN BEING SERVED BY VALLEY CHILDREN'S HOME DELIVERY PROGRAM; B) QUALIFYING FAMILIES RECEIVE ONE FOOD BOX PER MONTH; C) FOOD DISTRIBUTIONS TO UP TO 100 FAMILIES YEAR THROUGH A FOOD PANTRY AT WEST FRESNO ELEMENTARY SCHOOL; AND D) SUPPORT FOR THE FRESH MARKET AT CITY CENTER IN FRESNO THAT WILL BE AVAILABLE TO LOW-INCOME FAMILIES WITH CHILDREN. VALLEY CHILDREN'S PROVIDES NUTRITIOUS FOOD, FREE OF CHARGE, IN A SETTING MUCH LIKE ANY NEIGHBORHOOD GROCERY STORE.

FORM 990,
PART III,
LINE 4A

HELP ME GROW HELP ME GROW IS A SYSTEM USED THROUGHOUT THE UNITED STATES TO HELP CHILDREN ACHIEVE THEIR OPTIMAL DEVELOPMENT BY KINDERGARTEN. HELP ME GROW PROGRAMS INCLUDE A CENTRALIZED AND REFERRAL PROCESS, COMMUNITY OUTREACH TO PROMOTE EARLY INTERVENTION SYSTEMS, TARGETED OUTREACH TO CHILD CARE AND CHILD HEALTH PROVIDERS, AND THE COLLECTION AND ANALYSIS OF DATA TO IMPROVE THE SYSTEM. IN 2022, VALLEY CHILDREN'S AND ITS PRIMARY CARE PRACTICES IN KERN COUNTY AND SEPARATELY IN MERCED COUNTY PARTNERED WITH STAKEHOLDERS IN BOTH COUNTIES TO IMPLEMENT HELP ME GROW PROGRAMS. VALLEY CHILDREN'S HAS BEEN AN ACTIVE PARTICIPANT IN FRESNO COUNTY'S HELP ME GROW PROGRAM FOR A NUMBER OF YEARS. ALSO IN 2022, VALLEY CHILDREN'S CONVENED STAKEHOLDERS FROM ACROSS ITS SERVICE AREA TO EXPLORE OPPORTUNITIES TO COLLABORATE REGIONALLY ON SOME OF THE HELP ME GROW PROCESSES. SCHOOLS FOR THRIVING AND HEALTHY STUDENTS IN JANUARY 2022, VALLEY CHILDREN'S CENTER FOR COMMUNITY HEALTH, IN PARTNERSHIP WITH THE CENTER FOR WELLNESS AND NUTRITION, LAUNCHED SCHOOLS FOR HEALTHY THRIVING STUDENTS PHASE 2. THIS IS A TWO-YEAR INITIATIVE THAT AIMS TO ENGAGE SUPERINTENDENTS, BOARD MEMBERS AND WELLNESS CHAMPIONS FROM SCHOOL DISTRICTS IN FRESNO AND MADERA COUNTY TO PROVIDE THEM WITH THE KNOWLEDGE, SKILLS, TECHNICAL ASSISTANCE AND SUPPORT NEEDED TO EFFECTIVELY DEVELOP AND IMPLEMENT LOCAL SCHOOL WELLNESS POLICIES. THE U.S. DEPARTMENT OF AGRICULTURE REQUIRES THAT SCHOOL DISTRICTS PARTICIPATING IN THE NATIONAL SCHOOL LUNCH PROGRAM AND/OR SCHOOL BREAKFAST PROGRAM DEVELOP A WELLNESS POLICY. SCHOOLS FOR HEALTHY THRIVING STUDENTS FOCUSES EFFORTS ON THE CENTERS FOR DISEASE AND CONTROL AND PREVENTION'S WHOI WHOLE COMMUNITY, WHOLE CHILD FRAMEWORK (WSCC). THE WSCC MODEL IS STUDENT-CENTERED AND EMPHASIZES THE ROLE OF THE COMMUNITY IN SUPPORTING THE SCHOOL, THE CONNECTIONS BETWEEN HOME, COMMUNITY AND ACADEMIC ACHIEVEMENT AND THE IMPORTANCE OF EVIDENCE-BASED SCHOOL POLICIES AND PRACTICES. A TOTAL OF 17 SCHOOL DISTRICTS FROM FRESNO COUNTY AND MADERA COUNTY ARE PARTICIPATING IN THIS INITIATIVE, WHICH IS JOINTLY FUNDED BY VALLEY CHILDREN'S AND NO KID HUNGRY. SPECIFIC GOALS OF THE INITIATIVE ARE TO: A) INCREASE KNOWLEDGE OF THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD FRAMEWORK; B) INCREASE THE NUMBER OF SCHOOL DISTRICTS ADOPTING LOCAL SCHOOL WELLNESS POLICIES THAT INCORPORATE EVIDENCE-BASED PRACTICES; AND C) INSTITUTE A REGULAR, ONGOING PROCESS BY WHICH THE PARTICIPATING DISTRICTS MONITOR THEIR PERFORMANCE, SHARE PRACTICES AND DEVELOP COLLECTIVELY FOR COMPREHENSIVE AND ONGOING IMPLEMENTATION OF THEIR WELLNESS POLICIES. VALLEY CHILDREN'S CENTER FOR MADERA UNIFIED SCHOOL DISTRICT (ONE OF THE DISTRICTS PARTICIPATING IN THIS INITIATIVE), AN AFFILIATE OF THE CENTER FOR WELLNESS AND NUTRITION, WERE INVITED TO PRESENT THEIR FINDINGS AT THE ACTION FOR KIDS NATIONAL CONFERENCE IN CHICAGO. THE INVITATION TO PRESENT AT THE CONFERENCE SPEAKS TO THE IMPORTANCE OF THIS WORK AND THE POSITIVE CONTRIBUTIONS WE ARE HAVING ON CHILD HEALTH AND INFANT HEALTH CLINICAL PARTNERSHIP PROGRAM VALLEY CHILDREN'S CLINICAL PARTNERSHIP PROGRAM TOGETHER INSTITUTIONS FOCUSED ON ENHANCING NEONATAL AND PEDIATRIC CARE, REGARDLESS OF WHETHER THE ILL OR INJURED CHILD BECOMES A VALLEY CHILDREN'S PATIENT. THIS EFFORT HELPED PREVENT CHILDREN FROM BEING TRANSFERRED OR REFERRED UNNECESSARILY TO VALLEY CHILDREN'S, AND HELPED TO QUALIFY PATIENTS WHEN A CHILD NEEDS ADVANCED PEDIATRIC CARE. WITH IMPROVED COMMUNICATION AND TOOLKIT, VALLEY CHILDREN'S DECREASED STRESS FOR PATIENTS AND FAMILIES AND INCREASED PROVIDER CONFIDENCE IN PROVIDING PEDIATRIC CARE, WHILE ENHANCING PERFORMANCE AT VALLEY CHILDREN'S AND THE PARTNERSHIP.

PROVIDING PEDIATRIC CARE, WHILE ENHANCING PERFORMANCE AT VALLEY CHILDREN'S AND THE PARTNER PROVIDER. THE GOALS OF OUR CLINICAL PARTNERSHIP INCLUDED: -IMPROVED QUALITY AND CONFIDENCE PROVIDING PEDIATRIC CARE -MORE CARE DELIVERED CLOSER TO HOME -ENHANCED, COORDINATED CARE IMPROVED ACCESS TO VALLEY CHILDREN'S HOSPITALISTS, SPECIALISTS, RESOURCES AND NURSING AND CLINICAL EXPERTISE IN 2022, VALLEY CHILDREN'S SUPPORTED 17 INPATIENT CLINICAL PARTNERS AND, AS THAT SUPPORT, CONVENED 16 TRAINING AND EDUCATION EVENTS THAT DREW MORE THAN 600 ATTENDEES. THE AVERAGE INVESTMENT OF TIME FOR EACH PARTNER FACILITY WAS MORE THAN 300 HOURS ANNUALLY. 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 GEOGRAPHIC PROVIDER SHORTAGES, AND LIMITED COMMUNITY-BASED SERVICES. IN 2022, VALLEY CHILDREN'S DEMONSTRATED ITS COMMITMENT TO MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN A NUMBER OF WAYS, INCLUDING THOSE LISTED BELOW. COMMUNITY-BASED EDUCATION AND OUTREACH VALLEY CHILDREN'S STAFF PROVIDED TRAINING AND SUICIDE PREVENTION EDUCATION TO STUDENTS AND STAFF AT AREA HIGH SCHOOLS. IN ADDITION, VALLEY CHILDREN'S STAFF EITHER LED OR PARTICIPATED IN A NUMBER OF COMMUNITY-BASED INITIATIVES, INCLUDING SERVING AS MEMBERS OF THE FRESNO SUICIDE PREVENTION COLLABORATIVE AND THE MADERA COUNTY COMMUNITY EDUCATION AND AWARENESS COLLABORATIVE, AS WELL AS CHAIRING COMMUNITY CONVERSATIONS, A COMMUNITY-WIDE PARTNERSHIP ADDRESSING ISSUES OF MENTAL HEALTH, HOMELESSNESS, AND THEIR IMPACT ON FAMILIES. ADDITIONALLY, VALLEY CHILDREN'S CONTINUED TO SUPPORT 360ME, AN INITIATIVE THAT IS DESIGNED TO SUPPORT FAMILIES, SCHOOLS AND COMMUNITIES WITH TOOLS AND RESOURCES TO MAKE SURE WE ARE DOING ALL WE CAN TO SAFEGUARD OUR CHILDREN'S PHYSICAL AND MENTAL HEALTH. 360ME INTENTIONALLY HELPS STAKEHOLDERS RECOGNIZE AND UNDERSTAND THE MANY CONNECTIONS BETWEEN MENTAL AND PHYSICAL WELLNESS AND TO REDUCE THE STIGMA SOCIETY INCORRECTLY ASSOCIATES WITH MENTAL HEALTH. REOPENING CAPACITY IN SEPTEMBER 2019, VALLEY CHILDREN'S ANNOUNCED A PARTNERSHIP WITH UNIVERSAL HEALTH SERVICES (UHS), ONE OF THE NATION'S LARGEST AND MOST RESPECTED PROVIDERS OF HOSPITAL AND HEALTHCARE SERVICES. UNDER THE PARTNERSHIP, UHS WILL CONSTRUCT, OWN AND OPERATE AN 81,600-SQ-FOOT, 128-BED BEHAVIORAL HEALTH HOSPITAL FOR CHILDREN AND ADULTS IMMEDIATELY ADJACENT TO THE VALLEY CHILDREN'S HOSPITAL CAMPUS IN MADERA. THE FACILITY WILL INCLUDE A 24-BED INPATIENT UNIT FOR CHILDREN AND ADOLESCENTS, AGES 5 -17, REPRESENTING A 49% INCREASE IN AVAILABLE BEDS FOR KIDS FROM KERN AND JOAQUIN COUNTIES. THE HOSPITAL IS EXPECTED TO OPEN IN BY FALL 2023.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CHILDREN'S HOSPITAL

Employer identification number
94-1294954

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cont entity
(1) HERNDON TEMPERANCE LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 81-2808671	REAL PROPERTY	CA	720,228	7,422,005	VALLEY CHILDREN'S H

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had or 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 contro entity
(1) VALLEY CHILDREN'S HEALTHCARE FOUNDATION 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 94-2797447	PHILANTHROPY/FUNDRAISING FOR VALLEY CHILDREN'S HEALTHCARE & RELATED ENTITIES	CA	501(C)(3)	LINE 7	VALLEY CHILDREN HEALTHCARE
(2) VALLEY CHILDREN'S MEDICAL GROUP 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 46-4150987	HEALTH CARE	CA	501(C)(3)	LINE 10	VALLEY CHILDREN HEALTHCARE
(3) VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 46-4158433	HEALTH CARE	CA	501(C)(3)	LINE 12C, III-FI	N/A

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because 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)	Gr m p Y
							Yes	No		
(1) FOWLER BUSINESS & PROFESSIONAL PARK LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 47-1813772	REAL ESTATE INVESTMENT	CA	N/A	RELATED	738,704	15,312,875	Yes	No		Y
(2) COMPASS HEALTH ADMINISTRATORS LLC 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636 82-2891309	BENEFIT ADMIN	CA	N/A					No		

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

Table with 8 columns: (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) Percent owners. Row 1: VALLEY CHILDREN'S HOLDINGS I LLC, HEALTHCARE, CA, N/A, C, 0, 0, 0. Row 2: FOWLER BUSINESS & PROFESSIONAL PARK PROPERTY OWNERS ASSOCIATION, PROPERTY OWNERS ASSOCIATION, CA, FOWLER BUSINESS & PROFESSIONAL PARK LLC, C, 0, 46,481, 50.000.

Schedule R (

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

