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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the :	2008 ca	lendar yea	r, or tax year beginning :	10-01-2008 and endin	g 09-30-2009		D Familian ida	
		pplicable	Please	C Name of organization HOSPICE OF THE VALLEY				D Employer ide	ntification number
Add	fress ch	nange	use IRS label or	Doing Business As				86-033888 E Telephone nu	
☐ Nar	me cha	nge	print or type. See	Doing Business 715				•	
Init	ial retu	rn	Specific Instruc-		box if mail is not delivered	to street address	s) Room/suite	(602) 530-6 G Gross receipt	
Ter	mınatıd	n	tions.	1510 EAST FLOWER STREE	I				- +,,
☐ Am	ended	return		City or town, state or coun PHOENIX, AZ 85014	try, and ZIP + 4		•		
☐ App	olication	pending		1110END, 72 03014					
				ne and address of Princip	al Officer		H(a) Is thu	s a group return	
				I LEVINE E FLO WER ST			affilia	tes?	┌ Yes ┌ No
			PHOEN	NIX,AZ 85014			H(b) Are all	affiliates include	ed?
I Tax	x-exem	npt status	▼ 501(c)) (3) ◀ (insert no)	17(a)(1) or		•	•	See instructions)
J W	eb sit	e: 🕨 WW	W HOSPIC	CEOFTHEVALLEY ORG			H(c) Grou	p Exemption Nu	mber 🗠
К Туре	e of org	janization	Corporat	ion trust association	other 🟲		L Year of Fo	mation 1977 M	State of legal domicile AZ
Pai	rt I	Sumi	mary						
	1			e organization's mission	or most significant acti	vities			
ቋ		BRINGI	NGCOMF	ORT AND DIGNITY AS	LIFE NEARS ITS END				
Ē									
Governance	2	Chackt	his hov F	if the organization disco	ntinued its operations o	r disposed of	more than 2	5% of its assets	•
၌ S	3		,	nembers of the governing					, 27
	4		_	ident voting members of				_	25
Ees	5			nployees (Part V, line 2a					1,959
Activities &				olunteers (estimate if nec				6 _	1,838
¥	7a	Total gr	oss unrela	ted business revenue fro	m Part VIII, line 12, co	olumn (C)	•	7a _	19,372
	b	Net unr	elated busi	ness taxable income fro	m Form 990-T, line 34			7b	-5,684
					Prio	r Year	Current Year		
gu	8	Contri	butions and	d grants (Part VIII, line	lh)			8,025,787	6,694,693
enue	9 Program service revenue (Part VIII, line 2g)							160,710,954	163,447,253
Rayen	10	, , , , , , , , , , , , , , , , , , , ,						2,688,500	-830,466
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 12 Total revenue—add lines 8 through 11 (must equal Part VIII, colum 12)					· ·		247,616	501,477
						41111 (A), 1111c		171,672,857	169,812,957
	13	Grants	and simila	ar amounts paid (Part IX,	column (A), lines 1-3)			23,186,236	16,250
	14		•	or for members (Part IX,					0
83	15	Salarıe 10)	es, other co	ompensation, employee b	enefits (Part IX, columi	n (A), lines 5	-	94,505,482	95,272,134
Expenses	16a	•	sional fund	raising fees (Part IX, col	umn (A), lıne 11e)				0
<u>*</u>	ь	(Total fu	undraising ex	penses, Part IX, column (D), li	ne 25 653,693)			
ш	17			(Part IX, column (A), line	·	,		18,010,139	40,912,965
	18	Total e	expenses—	add lines 13-17 (must e	qual Part IX, line 25, c	olumn (A))		135,701,857	136,201,349
	19	Reven	ue less exp	penses Subtract line 18	from line 12			35,971,000	33,611,608
Net Assets or Fund Balances							Beginni	ng of Year	End of Year
20 de 1	20	Total	assets (Par	rt X, line 16)				122,099,618	158,276,428
A A	21	Totall	ıabılıtıes (F	Part X, line 26)				8,836,592	10,920,431
	22			d balances Subtract line	21 from line 20			113,263,026	147,355,997
Par	rt II		ature Blo						
				егјигу, I declare that I have ex correct, and complete Declara					
Plea		 	, /	, , , , , , , , , , , , , , , , , , , ,	. , , , , , , , , , , , , , , , , , , ,	, =====	1	08-13	,
Sign		Signa	ature of office	er			Date		
Here	=			/AY ASSOC EXEC DIR					
		Туре	e or print nam	e and title	T				
		Preparer			Date		heck if elf-	Preparer's PTIN (See Gen Inst)
Paid	-	signature	* /				npolyed 🕨 🦵		
Prepa			ame (or yours	ERNST & YOUNG US LLP				EIN Þ	
Use (אווע	1	and ZIP + 4	TWO NORTH CENTRAL AV	/ENUE STE 2300				
				PHOENIX, AZ 85004				Phone no 🕨 (6	02) 322-3000
May t	he IR	S discus	s this retu	rn with the preparer show	n above? (See instruct	ions)			┌ Yes ┌ No

Total program service expenses \$

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization BRINGING COMFORT AND DIGN		'S END				
2	Did the organization unde the prior Form 990 or 99		ant program se	rvices during the year	which were not listed on	✓ Yes No	
	If "Yes," describe these r	new services on S	chedule O				
3	Did the organization ceas services?				nducts any program	┌ Yes ┌ No	
	If "Yes," describe these o	hanges on Scheo	lule O				
4	Describe the exempt pur Section 501(c)(3) and (4 others, the total expense) organizations a	nd 4947(a)(1) t	rusts are required to r	largest program services by eport the amount of grants a ed	expenses nd allocations to	
4a	(Code SEE SCHEDULE O) (Expenses \$	89,736,182	including grants of \$	16,250) (Revenue \$	130,499,667)	
4b	(Code SEE SCHEDULE O) (Expenses \$	30,392,578	including grants of \$	0) (Revenue \$	32,632,993)	
4c	(Code SEE SCHEDULE O) (Expenses \$	723,591	including grants of \$	0) (Revenue \$	0)	
4d	Other program services (Expenses \$	(Describe in Sci 1,071,487 inc		f\$) (Revenue \$	509,063)	

121,923,838 Must equal Part IX, Line 25, column (B).

Part IV	Checklis	st of Re	eauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	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 Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		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 Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 📆			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	175			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
3 -	gaming (gambling) winnings to prize winners?	 i		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,959			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin			3a	Yes	
h	return?	edule i		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			שכ	162	
40	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ , BD , EI					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
_	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible? \cdot .			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?				[] i	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section .	Α.	Governing	Body	and	Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 27							
b	Enter the number of voting members that are independent 1b 25							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DEBORAH SHUMWAY 1510 EAST FLOWER STREET Phoenix,AZ 85014 (602) 530-6900

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
			+				\vdash			
			\vdash				\vdash			
			+							
1b Total							►	1,921,688	3	121,701

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►25

			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		Νo			
4	For any individual listed online 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						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο			

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIZARD ROCK DESIGNS LLC 1640 E RIVER ROAD SUITE 206 TUCSON, AZ 85718	ARCHITECT	186,763
GERRIT A TERPSTRA MD 6730 W COLUMBINE PEORIA, AZ 85381	PHYSICIAN SERVICES	160,251
THE ORCUTT-WINSLOW PARTNERSHIP 3003 N CENTRAL AVE 16TH FLOOR PHOENIX, AZ 85012	ARCHITECT	143,118
NISAL SAMARASEKERA MD 6435 W VILLA LINDA DRIVE GLENDALE, AZ 85310	PHYSICIAN SERVICES	118,889
JOHN W WILLIAMS MD 8041 N 2ND AVENUE PHOENIX, AZ 85021	PHYSICIAN SERVICES	111,850
2 Total number of independent contractors (including those in 1) who rec		. 7

Statement of Revenue

								Γ
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	618,232				, ,
nts nts	ь	Membership d						
Contributions, gifts, grants and other similar amounts	_	Fundrais	1b	171,720				
ું.≝	С	rundraising ev	vents 1c	·				
≣ੂ≝	d	Related organ	ızatıons1d					
% <u>`</u> ∭	e	Government grar	nts (contributions) 1e					
를 S	f		tions, gifts, grants, and not included above	5,904,741	İ	j		
ĕ₩		similar amounts i	1f					
Ęĕ	g		ributions included in					
ပည်း	h	lines 1a-1f \$	409,665 es 1a-1f)		6,694,693			
		Total (Add III		<u> </u>				
<u> 9</u>	3-	MEDICARE		Business Code	.== =			
æm	2a	MEDICARE		900,099	153,818,548	153,818,548		
æ	ь	INSURANCE		900,099	5,220,346	5,220,346		
93	C _	AHCCCS	0.0000	900,099	.,,	4,059,272		
Program Service Revenue	d	SELF PAY/ROOM		900,099	<u>'</u>	317,392		
3	e		GRAM SVC REVENUE	900,099	31,695	31,695		
Ē.	f	All other prog	ram service revenue					
<u>\$</u>	g	Total. Add line ▶ \$ 163,447,2	es 2a-2f 253					
	3		come (including divi	dends, interest				
		other sımılar a	amounts)		1,162,365			1,162,365
	4	Income from inve	estment of tax-exempt be	•				
	5	Royalties .		►		+		
	3	Royalties .		(II) Personal				
	6a	Gross Rents	(i) Redi	(ii) i ersonar				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	ome or (loss)	· · · · · ·				
		C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	3,376,917	1,590,511				
		assets other than inventory						
	b	Less cost or other basis and	4,460,259	2,500,000				
		sales expenses	-1,083,342	-909,489				
	c d	Gain or (loss) Net gain or (lo		- 303,403	-1,992,831			-1,992,831
				. ▶	_, 552,031			1,552,031
Other Revenue	8a	events (not in \$22 of contribution 1c) See Part	e6,005 ns reported on line					
æ			а	171,720				
jer Jer	b		xpensesb					
₹	С	Net income or	(loss) from fundrais	ing events	74,127			74,127
	9a	Gross income activities See Complete Schee exceeds \$15,00	e part IV , line 19 dule G if total 00					
	ь	lace dime-t-	a vnansas h					
	С		xpensesb (loss) from gaming a	L activities				
				▶				
	10a	Gross sales of returns and al						
	 	1.00	a .					
	b c	Less cost of	goods sold b (loss) from sales of	Inventory 🕨				
	_	Miscellaneou		Business Code				
	11a		STMENT INCOME	812,900	19,372		19,372	
	ь		OUS REVENUE	900,099		194,470		213,508
	c	MIJCELLANE	J J J KL V LINUE	·	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		,
		A.II						
	d	All other rever						
	е	iotal. Add line	es 11a-11d	 \$ 427,350				
	12		e. Add lines 1h, 2g, 3		169,812,957	163,641,723	19,372	-542,831
		8c, 9c, 10c, and 1	11e	. ▶				
	j	, , 100, and 1		• •				Form 990 (2008

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	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 governments and organizations in the U.S. See Part IV, line 21	12,250	12,250		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,000	4,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,132,244	568,440	563,804	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	76,810,971	69,345,677	0	359,408
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,456,315	1,332,528	116,795	6,992
9	Other employee benefits	10,066,266	8,482,007	1,514,821	69,438
10	Payroll taxes	5,806,338	5,217,604	558,845	29,889
11	Fees for services (non-employees)				
а	Management	226,587	96,848	129,739	0
b	Legal	60,542	0	60,542	0
c	Accounting	115,774	0	115,774	0
d	Lobbying	6,740	0	6,740	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	55,835	0	55,835	0
g	Other	1,881,703	1,855,443	26,260	0
12	Advertising and promotion	1,262,723	18,206	1,244,496	21
13	Office expenses	3,534,539	2,827,494	626,350	80,695
14	Information technology	441,051	354,961	74,236	11,854
15	Royalties	0	0	0	0
16	Occupancy	5,835,322	5,060,865	745,039	29,418
17	Travel	2,885,709	2,758,891	125,036	1,782
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	162,611	56,066	75,106	31,439
20	Interest	0	0	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,835,591	1,645,822	174,178	15,591
23 24	Insurance	264,117	206,508	52,600	5,009
а	DRUGS/BIOLOGICALS	7,456,905	7,456,905	0	0
b	DURABLE MEDICAL EQUIPMENT	7,185,923	7,185,923	0	0
c	PATIENT TRANSPORTATION	1,251,079	1,251,079	0	0
d	INPATIENT SERVICES	704,325	704,325	0	0
e	PATIENT EXPENSES	4,845,034	4,845,034	0	0
f	All other expenses	900,855	636,962	251,736	12,157
25	Total functional expenses. Add lines 1 through 24f	136,201,349	121,923,838	13,623,818	653,693
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A)		(B) End of year
	1	Cash—non-interest-bearing	Beginning of year 6.085	1	6,284
	2	Savings and temporary cash investments	64,986,201		48,901,332
	3	Pledges and grants receivable, net	888,506		95,498
	4	Accounts receivable, net	15.285.902	_	18,269,303
	5	Receivables from current and former officers, directors, trustees, key employees or	10,200,002	_	10,200,000
	,	other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) an persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	d	6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	136,929	8	164,877
20	9	Prepaid expenses and deferred charges	1,190,410	9	833,469
Assets	10a	Land, buildings, and equipment cost basis			
⋖		10a 35,542,7	99		
	b	Less accumulated depreciation Complete Part VI of Schedule D	56 16,798,508	10c	28,947,743
	11	Investments—publicly traded securities	16,779,864	11	56,705,006
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	5,378,796	12	3,065,838
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	648,417		1,287,078
		D	,	15	, ,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,099,618	16	158,276,428
	17	Accounts payable and accrued expenses .	8,836,592	17	10,920,431
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,836,592	26	10,920,431
S do		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27			
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets	112,566,955	27	146,693,764
<u> </u>	28	Temporarily restricted net assets	686,071	28	652,233
=	29	Permanently restricted net assets	10,000		10,000
Fund		Organizations that do not follow SFAS 117, check here F and complete			
5		lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
Ş	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	110 000 555	32	447.055.555
Net	33	Total net assets or fund balances	113,263,026		147,355,997
	34	Total liabilities and net assets/fund balances	122,099,618	34	158,276,428
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes" to lines 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?	2c		
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493225012310

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat i THE VALLEY	on					Em	ployer ide	ent if icat io	n numbe	r		
1031	ICL OI	THE VALLET						86	-0338886	6				
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio							
				ation because it is (Please			_							
1	\sqcap	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).					
2		A school de	escribed in Sect	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)								
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b	o)(1)(A)(i	i ii). (Attac	h Schedu	le H)			
4		•	·	zatıon operated ın conjunctı			-		• '		•			
		hospital's r	name, city, and	state		·								
5	\vdash	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın			
				(Complete Part II)			•							
6	\vdash			overnment or governmental	unıt desci	ıbed ın Se	ction 170	(b)(1)(A)	(v).					
7	~			ally receives a substantial p						n the gen	eral publ	с		
				o)(1)(A)(vi) (Complete Par			_			_	•			
8	\vdash	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Pari	tII)							
9	\vdash	An organiza	ation that norma	ally receives (1) more than	331/3% c	fits supp	ort from co	ontribution	ns, membe	rship fee:	s, and gr	oss		
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	exceptio	ns, and (2) no more	than 331,	/3% of			
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 tax	x) from bu	sinesses	3		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)					
10	\vdash	Anorganiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	ee instruc	tions)			
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out 1	the purpo	ses of		
				orted organizations describe						Section 5	09(a)(3)	.Check		
				type of supporting organiza					_	г				
_	_	a ∏T	• •			- Function	-		d		e III - O			
е	,	•	- '	rtify that the organization is agers and other than one or							-			
		section 50				,						(-)		
f		_		d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supporti	ng organ	zatio <u>n,</u>		
_		check this		the erappingtion recents	danu alet	or oontrib	itian fram					J		
g		following pe		as the organization accepted	u any gni	or contrib	ation from	any or the	:					
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No		
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g	(ii)	Νο		
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) a	bove?				11g((iii)	Νο		
h		Provide the	following inform	nation about the organizatio	ns the org	anızatıon	supports				•			
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify	(vi) I	s the		mount of		
		oorted		(described on lines 1 - 9		ation in		inization		ation in .	sup	port?		
	Organ	nization		above or IRC section (See Instructions))		listed in verning	in col (i supr	i) of your		rganized US?				
				(See Instructions))		ment?	Jupp	,010	"" ""	0 3 .				
					Yes	No	Yes	No	Yes	No	1			
								-						

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box oi	11 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	F 600 434	E 20E 420	7 440 746	0.025.707		6 604 602	22.042.700
	membership fees received (Do not	5,608,134	5,395,430	7,118,746	8,025,787		6,694,693	32,842,790
	include any "unusual grants ")							
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 line 1-3	5,608,134	5,395,430	7,118,746	8,025,787		6,694,693	32,842,790
	The portion of total contribution by each	3,000,131	3,373,130	7,110,710	0,023,707		0,001,000	32,012,730
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							2,680,720
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							20.462.070
•	4							30,162,070
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	5,608,134	2,717,642	7,118,746	8,025,787		6,694,693	32,842,790
8	Gross income from interest, dividends,							
_	payments received on securities loans,	833,036	2,717,642	3,261,580	2,338,850		1,162,365	10,313,473
	rents, royalties and income from similar	633,030	2,717,042	3,201,300	2,330,630		1,102,303	10,515,475
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is	189,460	183,562	181,378	360,584		19,372	934,356
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in	390,158	412,134	440,408	500,512		633,983	2,377,195
	Part IV)							
	Total Support (Add lines 7 through 10)							46,467,814
12	Gross receipts from related activities, etc	(See instruction	s)			12		675,569,366
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)		
	organization, check this box and \boldsymbol{stop} \boldsymbol{here}							▶ ┌
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		64.91 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		69.073 %
16a	33 1/3% Test - 2008. If the organization did	d not check the b	oox on line 13. a	ınd line 14 is 33	1/3% or more.	check	this box	-
	and stop here. The organization qualifies as				,			▶ ▽
Ь	33 1/3% Test - 2007. If the organization di				.5 is 33 1/3% o	r more	, check th	IS
	box and stop here. The organization qualifie	es as a publicly s	supported organ	ızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.	If the organization	on did not check	a box on line 13	3, 16a, or 16b a	nd lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu		-	•			-	►
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	oa, 16b, 17a or :	1/b, check this	рох а	nd see	<u>.</u> —
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	me of the organization SPICE OF THE VALLEY			Employer ider	ntıfıcatıon numbe	r
	tI-A To be completed by all organizations exempt under section 501(c) and organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours tI-B To be completed by all organizations exempt under section 501(c)(3). for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV tI-C To be completed by all organizations exempt under section 501(c), exc (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on F 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political owere made. Enter the amount paid and indicate if the amount was paid from the filing organization's opolitical contributions received and promptly and directly delivered to a separate political organization segregated fund or a political action committee (PAC). If additional space is needed, provide inform. (d) Amount infing organization internal funds.			86-0338886		
Par				n 501(c) and section	527	
1	Provide a description of the org	ganization's direct and indirect po	litical campaign act	ivities in Part IV		
2	Political expenditures				\$	
3	Volunteer hours					
Pai			ot under section	501(c)(3). (See the	instructions	
1	Enter the amount of any excise	tax incurred by the organization	under section 4955	;	\$	
2	Enter the amount of any excise	e tax incurred by organization man	nagers under section	n 4955	\$	
3	If the organization incurred in a	a section 4955 tax, did it file Forn	n 4720 for this year	-7	☐ Yes	┌ No
4a	Was a correction made?	In (c)(4), (5), or (6) organizations complete Part III e organization The VALLEY To be completed by all organizations exempt under section 501(c) and seconganizations. (See the instructions for Schedule C for details.) e a description of the organization's direct and indirect political campaign activities in Part IV all expenditures eer hours To be completed by all organizations exempt under section 501(c)(3). (See for Schedule C for details.) the amount of any excise tax incurred by the organization under section 4955 the amount of any excise tax incurred by organization managers under section 4955 to organization incurred in a section 4955 tax, did it file Form 4720 for this year? correction made? i., describe in Part IV To be completed by all organizations exempt under section 501(c), except (See the instructions for Schedule C for details.) the amount directly expended by the filing organization for section 527 exempt function activities the amount of the filing organization's internal funds contributed to other organizations for section (empt funtion activities) organization indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form POL, line 17b e filing organization file Form 1120-POL for this year? the names, addresses and Employer Identification Number (EIN) of all section 527 political organization and contributions received and promptly and directly delivered to a separate political organization, all contributions received and promptly and directly delivered to a separate political organization, altered fund or a political action committee (PAC) If additional space is needed, provide information (a) Name (b) Address (c) EIN (d) A mount paid filing organization			☐ Yes	┌ No
Ь	If "Yes," describe in Part IV					
Pai			ot under section	n 501(c), except sect	tion 501 (c)(3	3).
1	Enter the amount directly expe	nded by the filing organization for	section 527 exemp	ot function activities	\$	
2		rganızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$	
3		mpt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file F	form 1120-POL for this year?			☐ Yes	┌ No
5	were made Enter the amount p political contributions received	aid and indicate if the amount was I and promptly and directly delive	s paid from the filing red to a separate po	g organization's own interna Olitical organization, such a	al funds or were s a separate	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of contributions and prompt directly delive separate poorganization enter -0	received ly and ered to a plitical If none,
					+	

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	(a)	
		Yes	No	A mount
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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		6,740
j	Total lines 1c through 1:			6,740
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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?		•	
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5), or

section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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 (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
PART II-B, LINE I		HOSPICE OF THE VALLEY (HOV), AS PART OF THE MEDICARE CHRONIC CARE PRACTICE RESEARCH NETWORK, PAID B&D CONSULTING A MONTHLY STIPEND FOR LOBBYING ACTIVITIES ACTIVITIES INCLUDED COMMUNICATION TO POLITICAL PARTIES REGARDING NETWORK ACTIVITIES AND COMMUNICATION TO THE NETWORK REGARDING CURRENT ACTIVITIES IN WASHINGTON HOV ALSO PAID THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE FOR LOBBYING EFFORTS TO FIGHT PROPOSED MEDICARE CUTS

1 \$

Part IV Supplemental I	Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization HOSPICE OF THE VALLEY 86-0338886 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

ar	Organizations Maintaining Collections of Art	<u>, His</u>	tori	<u>cal Treasu</u>	ires, or Othe	r Similar As	sets	(cont	tınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that ar	e a significant u	se of its collec	tıon		
а	Public exhibition	d	\vdash	Loan or exc	hange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
	Provide a description of the organization's collections and expla Part XIV	ın hov	v they	further the o	organization's ex	empt purpose	ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as		,			ılar	┌ Yes	. Г	– _{No}
Pai	Trust, Escrow and Custodial Arrangements.				nızatıon answ	ered "Yes" to	Form	990	0,
	Part IV, line 9, or reported an amount on Form 99	0, Pa	art X	, lıne 21.					
.a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	diary	for c	ontributions	or other assets r	not	┌ Yes	: Г	_ _{No}
b	If "Yes," explain why in Part XIV and complete the following tabl	e							
						Aı	nount		
C	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
а	Did the organization include an amount on Form 990, Part X, line	21?					┌ Yes	Г	_ No
b	If "Yes," explain the arrangement in Part XIV								
'a	rt V Endowment Funds. Complete if the organization	n ans	were	d "Yes" to	Form 990, Par	t IV, lıne 10.			
	(a)Current Year	(b)	Prior \	'ear (c) Tw	o Years Back (d)	Three Years Back	(e) Fοι	r Yea	rs Back
a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
9	Provide the estimated percentage of the year end balance held a								
	0.04	15							
а	board designated of quasi-endownient								
b	Permanent endowment 100 %								
C	Term endowment ► 0 %								
а	Are there endowment funds not in the possession of the organization by	ation 1	that a	re held and a	idministered for	the	Y		No
	(i) unrelated organizations					За		-	No
	(ii) related organizations					3a	``	十	Νο
ь	If "Yes" to 3a(II), are the related organizations listed as required	d on S	ched	ule R?		3	ь	T	
	Describe in Part XIV the intended uses of the organization's end	lowme	ent fu	nds					
a	rt VI Investments—Land, Buildings, and Equipmen	nt. S	ee F	orm 990, P	art X, line 10.		_		
	Description of investment			Cost or other (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d)	Book	c value
3	Land				3,934,132	<u> </u>		3,9	934,132
b	Buildings				10,170,601	1,718,0	.5	-	452,586
	Leasehold improvements				3,188,953	1,184,93	+		004,01
d	Equipment				3,831,408	2,316,87	+		514,536
e	Other				14,417,705	1,375,23	_		042,474

28,947,743

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other LIMITED PARTNERSHIP INTEREST	0	F
Other CHARITABLE GIFT ANNUITIES	28,016	F
Other HEDGE FUNDS	3,037,822	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990, Part X	-	
	scription	(b) Book value
MISCELLANEOUS RECEIVABLE	·	408,878
WORKERS COMP DEPOSITS		381,000
DRUG REBATE RECEIVABLE		247,458
DEPOSITS		211,692
RYAN HOUSE RECEIVABLE		34,602
ACCRUED INTEREST RECEIVABLE		3,448
Total. (Column (b) should equal Form 990, Part X, col.(B)		
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	<i>)</i> ▶	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements						
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) o	n investments			4	
5	Donated services and use of fa	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add lii	nes 4 - 8			9	
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and	d 9	10	
Part		evenue per Audited Financial			er Re	turn
1		er support per audited financial stateme			1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	tments	.	2a		
ь	Donated services and use of f	acılıtıes		2b		
c	Recoveries of prior year grants	s		2c		
d	Other (Describe in Part XIV)		[2d		
e	Add lines 2a through 2d .				2e	
3	Subtract line 2e from line 1 .			[3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. [4a		
b	Other (Describe in Part XIV)		. [4b		
c	Add lines 4a and 4b				4c	
5	Total Revenue Add lines 3 an	d 4c. (This should equal Form 990, Par	t I, lıne	e 12)	5	
Part	XIII Reconciliation of E	xpenses per Audited Financia	l Stat	ements With Expenses	per F	leturn
1	Total expenses and losses pe	r audited financial statements			1	
2		it not on Form 990, Part IX, line 25		1 1		
а	Donated services and use of f	acılıtıes		2a		
b	•			2b		
c		, Part IX, line 25		2c		
d	Other (Describe in Part XIV)			2d		
е -	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4		0, Part IX, line 25, but not on line 1:		1.1		
a	·	uded on Form 990, Part VIII, line 7b		4a		
Ь	Other (Describe in Part XIV)		• •	4b		
	c Add lines 4a and 4b			4c		
5 Par						
	Part XIV Supplemental Information Complete the part to provide the decorptions required for Part II, lines 2, 5, and 0. Part III, lines 1, and 4. Part XIV, lines 1, and 2, but III, lines 1, and 4. Part XIV, lines 1, and 2, but III, lines 1, and 4. Part XIV, lines 1, and 2, but III, lines 1, and 4. Part XIV, lines 1, and 2, but III, lines 1, and 4. Part XIV, lines 1, and 4. Part					
	Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
	Ident if ier	Return Reference		Explanation	on	
SCHE			scho	LARSHIP FUND FOR EMPLO	YEES	
		FUNDS				

SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS	SCHOLARSHIP FUND FOR EMPLOYEES
		Schedule D (Form 990) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225012310

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service	lines 17, 18, or 19, and l	by organization	m 990-EZ, line 6a.	Inspection										
Name of the organization					Employer ide	ntification number								
HOSPICE OF THE VALL	LI				86-0338886									
Part I Fundraisir	ng Activities. Complete	e if the org	anızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.								
Indicate whether the Mail solicitation Email solicitation C Phone solicitation In-person solicitation	ons	through any	1	e Solicitation of n	on-government grants government grants									
or key employees li b If "Yes," list the ten	n have a written or oral agree sted in Form 990, Part VII) highest paid individuals or at least \$5,000 by the orga	or entity in entities (fur	connect ndraisers	tion with professional f s) pursuant to agreeme	undraising activities? ents under which the fu									
(i) Name of Individu or entity (fundraise	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No											
Total			P											
					ı	1								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization	on answered "Yes" to events with gross rec	Form 990, Part IV, line eipts greater than \$5.0	e 18, or 1	report	ed
	more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d)							
			WINE AUCTION	ART AUCTION	2	(Add col	(a) the (c)	rough
			(event type)	(event type)	(total number)		(-)/	
EU-	1	Gross receipts	95,733	195,050	106,942		397	7,725
Revenue	2	Less Charitable contributions	17,068	99,245	55,407		17:	1,720
	3	Gross revenue (line 1 minus line 2)	78,665	95,805	51,535		226	5,005
	4	Cash Prizes			3,900		:	3,900
see	5	Non-cash Prizes			2,500		:	2,500
Expenses	6	Rent/Facility costs	21,279	45,143	21,793		88	3,215
亞	7	Other direct expenses	16,775	23,792	16,696		57	,263
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d) -			15	L,878
Δ	9	Net income summary Combine lir	-	• •			74	1,127
Par		I Gaming. Complete if the or	ganızatıon answered '		rt IV, line 19, or repo	rted mor		
	1	\$15,000 on Form 990-EZ, lin	e 6a.			I		
Revenue		(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming (Add col (a) through col (c))				
Ψ		_						
	1	Gross revenue						
Ses	2	Cash prizes						
:beu:	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes <u> </u>			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a		er the state(s) in which the organizathe organizat				· 9a	Yes	No
b		No," Explain	-					
10a b								
11		es the organization operate gaming a						
12		the organization a grantor, beneficiar		a member of a partnersh	ıp or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493225012310

Department of the Treasury Internal Revenue Service Name of the organization

HOSPICE OF THE VALLEY

Schedule I

(Form 990)

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

Open to Public Inspect ion Employer identification number

most rot of the value						86-0338886	
Part I General Infor	mation on Gra	nts and Assistance	e			'	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gra	nts or assistance?					∀Yes 「I
Form 990, Part Part IV and Sch	IV, line 21 for a	ny recipient that reco itional space is			tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations3 Enter total number of oth					<u> </u> •		
For Paperwork Reduction Act Not				Cat No 50055			hedule I (Form 990) 2008

	,
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
,		HOSPICE OF THE VALLEY SUPPORTS THE NEEDS OF THE COMMUNITY BY PROVIDING ASSISTANCE TO REPUTABLE ORGANIZATIONS FUNDS PROVIDED ARE NOT GRANTS

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As Filed Data -

DLN: 93493225012310

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

nizations
Open to Public
Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization HOSPICE OF THE VALLEY

 ${\bf Employer\ identification\ number}$

86-0338886

					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all f					
	Compensation committee		Written employment contract			
	Independent compensation consultant	고				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	:?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		•	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N _O

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
SUSAN LEVINE	(1) (11)	264,598 0	279 0	3,600 0	6,900 0	556 0	275,933 0	208,629
DEBORAH SHUMWAY	(1) (11)	182,281 0	3,831 0	0 0	5,815 0	1	201,865	147,558 C
GREGORY MAYER MD	(ı) (ıı)	204,063 0	1,294 0	0	6,153 0	574 0	212,084	154,603 0
TARIQ AL MUTAWA MD	(ı) (ıı)	179,323 0	325 0	0	1,955 0	9,938	191,541	C
BERNADETTE ARNECKE MD	(ı) (ıı)	198,678 0	375 0		6,196 0	10,074	215,323	160,190 0
JUANITA SAPP MD	(ı) (ıı)	196,595 0	375 0	0	6,206 0	10,084	213,260	157,604 C
JOSE URDANETA MD	(ı) (ıı)	155,470 0	76 0	0	4,165 0		164,174 0	C
GILLIAN HAMILTON MD	(ı) (ıı)	167,947 0	1,218	0	5,287 0	10,208	184,660	C
MARIA THERESA STEVENS MD	(ı) (ıı)	233,821 0	325 0	0	6,900 0	1	243,788	185,450
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							-
	(i)							-
	(ii)							1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanat ion
SCHEDULE J, PART I, LINE 1A		SUSAN (GOLDWATER) LEVINE, EXECUTIVE DIRECTOR, IS A MEMBER OF THE PHOENIX COUNTRY CLUB AND THE UNIVERSITY CLUB SHE USES HER CLUB PRIVILEGES FOR BUSINESS PURPOSES THROUGH THESE MEMBERSHIPS, HOSPICE OF THE VALLEY IS ABLE TO UTILIZE THE CLUBS FOR VARIOUS FUNCTIONS, INCLUDING THE ANNUAL BOARD OF DIRECTORS BUDGET APPROVAL MEETING AND LUNCHES WITH DONORS AND OTHER COMMUNITY SUPPORTERS BECAUSE THESE EXPENSES ARE INCURRED FOR PROPERTY UNDER AN ACCOUNTABLE PLAN, THEY ARE NOT INCLUDED IN TAXABLE WAGES

Software ID: Software Version:

EIN: 86-0338886

Name: HOSPICE OF THE VALLEY

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

Total Degree of Carrette Degree								
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
SUSAN LEVINE	(1) (11)	· ·	279 0	3,600 0	6,900 0	556 0	275,933 0	208,629 0
DEBORAH SHUMWAY	(I) (II)		3,831	0	5,815 0	9,938 0	201,865 0	147,558 0
GREGORY MAYER MD	(I) (II)		1,294 0	0	6,153 0	574 0	212,084 0	154,603 0
TARIQ AL MUTAWA MD	(I) (II)	· ·	325 0	0	1,955 0	9,938 0	191,541 0	0 0
BERNADETTE ARNECKE MD	(I) (II)		375 0	0	6,196 0	10,074 0	215,323 0	160,190 0
JUANITA SAPP MD	(1) (11)	· ·	375 0	0	6,206 0	10,084 0	213,260 0	157,604 0
JOSE URDANETA MD	(I) (II)		76 0	0 0	4,165 0	4,463 0	164,174 0	0 0
GILLIAN HAMILTON MD	(1) (11)		1,218 0	0 0	5,287 0	10,208 0	184,660 0	0 0
MARIA THERESA STEVENS MD	(I)		325 0	0	6,900 0	2,742 0	243,788 0	185,450 0

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DLN: 93493225012310

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization HOSPICE OF THE VALLEY

Employer identification number

86-0338886

Part I Excess Benefit Transac To be completed by organization									. Part	V , line	• 40b
1 (a) Name of disqualifie					on of transa						rected?
	·		(2) 5 6 5						+	Yes	No
									-		
2 Enter the amount of tax imposed on section 4958	the organization mana	-	·	ons	during the y	ear ur	nder •	s			
3 Enter the amount of tax, If any, on II							•	\$			
Part II Loans to and/or From											
To be completed by organiza	ations that answered "	Yes" o	n Form 990, Part	IV, li	ne 26, or Fo	orm 9	90-E			e 38a	
(a) Name of interested person and	(b) Loan to or from the	(c)(Original principal			(e)		A ppr	oved	1	Vritten
purpose	organization?	amount		(d) B 	(d)Balance due		default?		by board or committee?		ement?
	To From					Yes	No	Yes	No	Yes	No
										-	
			> s								
Part III Grants or Assistance E			•								
To be completed by orga	nizations that answ	ered '	'Yes" on Form 9		Part IV, lın	ne 27					
(a) Name of interested person		•	reen interested pe rganization	rson	(c) A m	ount c	fgra	nt or ty	pe of	assista	ance
Part IV Business Transactions To be completed by orga				00	Dart IV lin	vo 20	- 20	h or	200		
To be completed by orga	(b) Relationsh		res on roini s	50,	raiciv, iii	16 20	a, 20	D, OI		(e) Sha	arıng of
(a) Name of interested person	between interes	ted	(c) A mount of	f	(d) Descr	ıptıon	of tra	ansactı	on (ation's
	person and the organization		transaction			-	revenu Yes				
SANTY AGENCY INC	DAN SANTY/DIRECTO	R	116,	630	ADVERTIS	ING					Νο
LIFESTAR AMBULETTE COMTRANS	BOB RAMSEY/DIRECT	o R	479,	134	PATIENT T	RANS	SPOR	Τ.			Νο
LDR-NWC WADDELL LITCHFIELD	SPOUSE OF LEVINE/EXEC DIF		216,	559	LEASE & D	ESIG	N SV	CS			Νο
LIFESTAR AMBULETTE	BOB RAMSEY/DIRECT	o R	596,	028	PATIENT T	RANS	SPOR	т	T		No
LDR-NWC WADDELL LITCHFIELD	SPOUSE OF LEVINE/EXEC DIF		2,909,	437	PURCHASE	OFL	AND				No
LIFESTAR AMBULETTE OXYGEN	BOB RAMSEY/DIRECT	O R	67,		PATIENT T OXYGEN	RANS	SPOR	Т-			Νο
See Additional Data Table									\Box		

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DLN: 93493225012310

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Open to Public Inspection

Name	of the	orga	nızatıor
HOSPIC	E OF T	HE VAL	LEY

Employer identification number

86-0338886

Pā	rt I Types of Property			<u>.</u>				
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	14	-	RE-SALE VALUE			
	Art—Historical treasures .		±7	24,073	NE SALL VALUE			
	Art—Fractional Interests							
	Books and publications	X		892	RE-SALE VALUE			
	Clothing and household							
_	goods	X		38,818	RE-SALE VALUE			
6	Cars and other vehicles	Х	37	30,183	RE-SALE VALUE			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		200	214.000	DE CALE VALUE			
	Other (describe VARIOUS)	X	280	314,899	RE-SALE VALUE			
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29		l I	0
30a	During the year, did the organiza hold for at				l		Yes	No
	least three years from the date o	of the initial	contribution, and which is	not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	•		·		31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Schedule M (Form 990) 2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

Identifier	lete this part for any additional ReturnReference	Explanation
ADDITIONALINFORMATION		HOSPICE OF THE VALLEY (HOV) USES THE FOR-PROFIT ORGANIZATION, TOTAL RESOURCE AUCTIONS (TRA), AS A THIRD PARTY TO ASSIST WITH VEHICLE DONATIONS THE DONOR NOTIFIES HOV THAT THEY PLAN TO DONATE A VEHICLE, AND HOV REQUESTS TRA TO CONTACT THE DONOR TO ARRANGE A TIME FOR PICK UP TRA TOWS, AUCTIONS, AND ASSISTS WITH TITLE TRANSFERS FROM THE DONOR TO HOV ONCE THE VEHICLE IS SOLD AND PROCEEDS ARE RECEIVED, HOV PREPARES A LETTER OF THANKS TO THE DONOR IF THE VEHICLE SELLS FOR UNDER \$500 IF THE VEHICLE SELLS FOR MORE THAN \$500, FORM 1098-C IS COMPLETED AND THE APPROPRIATE COPIES ARE MAILED WITH THE THANK YOU LETTER TO THE DONOR TRA CHARGES HOV A TOWING FEE OF \$60 FOR AN AVERAGE PASSENGER VEHICLE, ADDITIONAL FEES ARE ASSESSED BASED ON SIZE ALSO A \$60 POOL FEE IS CHARGED FOR TITLING AND PAPERWORK TRA ALSO PASSES ALONG ANY MVD FEES FOR UNUSUAL TITLE TRANSFER FORMS
+		

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

► Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

Open to Public Inspection

Name of the organization HOSPICE OF THE VALLEY Employer identification number

86-0338886

ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEERS	VOLUNTEERS CONTRIBUTED OVER 125,000 HOURS TO MORE THAN 13,800 PATIENTS AND THEIR FAMILIES VOLUNTEER HOURS ARE ALSO USED TO EDUCATE THE PUBLIC AND HELP WITH FUNDRAISING ACTIVITIES

ldentifier	Return Reference	Explanation
FORM 990, PART III	LINE 2 - SIGNIFICANT NEW PROGRAM SERVICES	DURING FY09, NEW SONG CENTER FOR GRIEVING CHILDREN MERGED THEIR BEREAVEMENT SERVICES WITH HOSPICE OF THE VALLEY, OFFERING A LARGER FULL-SPECTRUM GRIEF SUPPORT PROGRAM FOR CHILDREN, TEENS, YOUNG ADULTS AND THEIR FAMILY CAREGIVERS LINE 4 - EXEMPT PURPOSE ACHIEVEMENTS LINE 4A - HOSPICE HOME CARE IS PROVIDED TO PATIENTS AND FAMILIES FACING A TERMINAL ILLNESS PUBLIC SUPPORT IS USED TO COVER THE COST OF OUR SERVICE WHEN THERE IS NO REIMBURSEMENT HOSPICE SERVICES INCLUDED SKILLED NURSING VISITS, HOME HEALTH AIDE VISITS AND SOCIAL WORKER AND COUNSELOR VISITS TO MORE THAN 13,800 TERMINALLY ILL PATIENTS AND THEIR FAMILIES FOR MANAGEMENT OF PAIN CONTROL, PERSONAL CARE AND SUPPORT SERVICES THE PRIMARY MISSION OF HOSPICE OF THE VALLEY IS TO BRING COMFORT AND DIGNITY AS LIFE NEARS ITS END LINE 4B - HOSPICE OF THE VALLEY OPERATED SIXTEEN INPATIENT FACILITIES PROVIDING SERVICES TO TERMINALLY ILL PATIENTS, IN ORDER TO MANAGE PAIN AND TO PROVIDE A SAFE ENVIRONMENT FOR PATIENTS LINE 4C - DURING 1988, HOSPICE BEGAN THE "OUTREACH" PROGRAM WHICH PROVIDES SERVICES TO PATIENTS AND THE FAMILIES OF PATIENTS WITH POTENTIALLY LIFE THREATENING DISEASES WHO ARE NOT YET RECEIVING HOSPICE SERVICES NO FEES ARE CHARGED FOR THESE SERVICES OUTREACH SERVICES INCLUDE SKILLED NURSING VISITS AND COUNSELOR VISITS ADDITIONALLY, PHONE SUPPORT IS PROVIDED BY ALL DISCIPLINES LINE 4D HOSPICE OF THE VALLEY OFFERS A PRIVATE DUTY PROGRAM THAT PROVIDES HOSPICE SERVICES BEYOND THE PRESCRIBED PLAN OF CARE PATIENTS OR FAMILIES MAY REQUEST ADDITIONAL HOURS OF CLINICAL CARE HOSPICE OF THE VALLEY ALSO OFFERS A HOME HEALTH PROGRAM THAT PROVIDES CARE TO HOMEBOUND PATIENTS AS DEFINED BY MEDICARE

	ldentifier	Return Reference	Explanation
P	PART VI,	CHANGES TO ORGANIZATIONAL DOCUMENTS	HOSPICE OF THE VALLEY BY LAWS WERE AMENDED IN CONNECTION WITH THE MERGER OF NEW SONG CENTER FOR GRIEVING CHILDREN THE COMPOSITION OF THE BOARD WAS CHANGED TO ADD 3 FULL-VOTING MEMBERS FROM NEW SONG WITH TERMS OF 3 YEARS AND ENTITLEMENT TO APPOINT THEIR SUCCESSORS FOR ONE ADDITIONAL 3 YEAR TERM IN ADDITION, A NEW SONG ADVISORY COMMITTEE WAS ESTABLISHED FOR THE PURPOSE OF ADVISING THE BOARD WITH RESPECT TO CHILDREN'S AND FAMILIES' BEREAVEMENT SERVICES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10	PROCESS USED TO REVIEW FORM 990	HOSPICE OF THE VALLEY RETAINS AN INDEPENDENT TAX ADVISOR TO ASSIST MANAGEMENT IN THE PREPARATION AND REVIEW OF ITS IRS FORM 990 PRIOR TO FILING THE RETURN, MANAGEMENT AND THE INDEPENDENT TAX ADVISOR REVIEW THE RETURN AND ALL REQUIRED SCHEDULES WITH REPRESENTATIVES OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS THESE FINANCE COMMITTEE MEMBERS ARE PROVIDED FORM 990 FOR CLOSER REVIEW AND ALLOWED A PERIOD FOR COMMENTS COPIES OF FORM 990 ARE MAILED TO THE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
		ANNUALLY, EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS PROVIDED THE CONFLICT OF
		INTEREST POLICY THEY, IN TURN, REPORT ANY ACTIVITY OR RELATIONSHIP THAT COULD GIVE RISE
FORM 990,	ENFORCEMENT OF	TO ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THE EXECUTIVE DIRECTOR AND ASSOCIATE
PART VI,	CONFLICT OF	EXECUTIVE DIRECTOR REVIEW THE CONFLICT OF INTEREST FORMS TO DETERMINE IF THERE ARE ANY
LINE 12C	INTEREST POLICY	ACTUAL OR POTENTIAL CONFLICTS IF ANY ARE IDENTIFIED, THAT INFORMATION IS SHARED WITH THE
		BOARD PRESIDENT AND THE RESPECTIVE INDIVIDUAL IS EXCLUDED FROM VOTING ON ANY ISSUES
		RELATED TO THEIR CONFLICT

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A	PROCESS USED TO DETERMINE COMPENSATION OF CERTAIN INDIVIDUALS	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVE INDUSTRY COMPENSATION DATA FROM HOSPICE OF THE VALLEY'S HUMAN RESOURCE DEPARTMENT BASED ON SALARY SURVEYS CONDUCTED BY OUTSIDE ORGANIZATIONS IN ADDITION, THEY ARE PROVIDED WITH COMPARATIVE HOSPICE SALARY DATA FROM THE RESPECTIVE 990S BASED ON THEIR REVIEW, THE EXECUTIVE COMMITTEE DETERMINES THE SALARY FOR THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF CERTAIN DOCUMENTS TO THE GENERAL PUBLIC	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE FILED WITH AND VIEWABLE BY THE PUBLIC AT THE OFFICIAL WEBSITE OF THE ARIZONA CORPORATION COMMISSION BY LAWS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC THE ORGANIZATION IS REQUIRED TO FILE ITS AUDITED FINANCIALS WITH ITS ANNUAL MEDICARE COST REPORT AND WITH THE UNIFORM ACCOUNTING REPORT TO THE STATE OF ARIZONA THIS INFORMATION IS SUBJECT TO A PUBLIC RECORDS REQUEST DIRECT REQUESTS FOR FINANCIAL STATEMENTS ARE PROVIDED AT THE DISCRETION OF MANAGEMENT

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2B	CONSOLIDATED AUDITED FINANCIAL STATEMENTS	THE FINANCIAL STATEMENTS OF HOSPICE OF THE VALLEY ARE AUDITED ON A CONSOLIDATED BASIS NO STAND-ALONE FINANCIAL STATEMENTS ARE ISSUED FOR HOSPICE OF THE VALLEY THEREFORE, THIS QUESTION IS ANSWERED NO IN ACCORDANCE WITH THE IRS INSTRUCTIONS

ldentifier	Return Reference	Explanation
SCHEDULE L		HOSPICE OF THE VALLEY CONDUCTS BUSINESS WITH LDR-NWC WADDELL & LITCHFIELD OF WHICH WILLAM LEVINE, THE SPOUSE OF SUSAN LEVINE, IS A PARTNER TRANSACTIONS WITH LDR INCLUDE TOTAL MONTHLY LEASE PAYMENTS OF \$191,407, DESIGN SERVICES OF \$25,152 AND LAND ACQUISTION OF \$2,909,437 HOSPICE OF THE VALLEY ALSO PURCHASES VARIOUS GOODS AND SERVICES FROM VENDORS IN WHICH CERTAIN BOARD MEMBERS HAVE OWNERSHIP THESE INCLUDE JOHNNY BASHA - BASHA'S & AJ'S FINE FOODS, DAN SANTY - SANTY AGENCY, BOB RAMSEY - LIFESTAR AMBULETTE INC, LIFESTAR AMBULETTE OXYGEN AND LIFESTAR AMBULETTE COMTRANS

DLN: 93493225012310

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** HOSPICE OF THE VALLEY 86-0338886 Part I **Identification of Disregarded Entities** (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status or foreign country) (if section 501(c)(3)) entity HOSPICE ENDOWMENT TRUST FUND OF PHOENIX NA 1510 E FLOWER ST **ENDOWMENT** ΑZ 11A 501(C)(3) PHOENIX, AZ85014 94-2856701

Part III Identification of	related Oli	gainzativils		as a raithership	,		,					
(A) Name, address, and EIN of related organization	(B) Primary a	ctivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	partr	ral o agıng ner?
								Yes	No		Yes	No
												_
	•			•	•	•						
Part IV Identification of	Related Or	ganizations	Taxable	as a Corporatio	n or Trust							
(A) Name, address, and EIN of related o	rganızatıon	(B) Primary activit	У	(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 incom	e	Sha end-	are of Pero	(H) centage nership	
SEASONS HOSPICE 1510 EAST FLOWER STREET PHOENIX, AZ85014 20-3737064		INACTIVE-HOSPI	CE	AZ	NA	S CORP	-131,5	00		298,810 100	%	

Part V Transactions with F	Related Organizations
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Pa	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Υe	es	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	h one or more related organizations listed in Parts II-I\	/?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a			No
b	Gift, grant, or capital contribution to other organization(s)		1b)		No
c	Gift, grant, or capital contribution from other organization(s)		1c			No
d	Loans or loan guarantees to or for other organization(s)		1d			No
e	Loans or loan guarantees by other organization(s)		1e	!		No
f	Sale of assets to other organization(s)					No
g	Purchase of assets from other organization(s)		1g	1		No
h	Exchange of assets		1h			No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i			No
j	Lease of facilities, equipment, or other assets from other organization(s)		1j			No
k	Performance of services or membership or fundraising solicitations for other organiza	tion(s)	1k	Ye	es	
ı	Performance of services or membership or fundraising solicitations by other organizat	cion(s)	11			
m	Sharing of facilities, equipment, mailing lists, or other assets		1n	n Ye	es	
n	Sharing of paid employees		<u>1n</u>	Ye	es	
0	Reimbursement paid to other organization for expenses		10		+	No
	Reimbursement paid by other organization for expenses		1р)		No
			_			
q	O ther transfer of cash or property to other organization(s)		1q	Υe	es	
r	O ther transfer of cash or property from other organization(s)		1r	Υe	es	
2	If the answer to any of the above is "Yes," see the instructions for information on who		s and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)	HOSPICE ENDOWMENT TRUST FUND OF PHX	R		29,	,167	

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	HOSPICE ENDOWMENT TRUST FUND OF PHX	R	29,167
(2)	HOSPICE ENDOWMENT TRUST FUND OF PHX	Q	1,500,000
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 86-0338886

Name: HOSPICE OF THE VALLEY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
JAMES FELTHAM , SECRETARY	10	Χ		Х				0	0	0	
RITA MEISER, PRESIDENT	1 0	Χ		Х				0	0	0	
GERALD SMITHSON , TREASURER	1 0	Х		Х				0	0	0	
JOHN JENNINGS , VICE PRESIDENT	1 0	Х		Х				0	0	0	
KELLI SMITH , Director	1 0	Х						0	0	0	
STEVE FIELDS , Director	1 0	Х						0	0	0	
TERI BARNET , Director	10	Х						0	0	0	
JOHNNY BASHA , Director	1 0	Х						0	0	0	
DIANE ECKSTEIN , Director	1 0	Х						0	0	0	
RAUL ESPERICUETA , Director	1 0	Х						0	0	0	
JOHN FITZGERALD , Director	1 0	Х						0	0	0	
LANNY LAHR , Director	1 0	Х						0	0	0	
GABRIELLE LAWRENCE , Director	1 0	Х						0	0	0	
EDDIE LOPEZ , Director	1 0	Х						0	0	0	
LARRY MAYHEW , Director	1 0	Х						0	0	0	
SISTER MARGARET MCBRIDE , Director	1 0	Х						0	0	0	
CATHY MCKEE OLESEN , DIRECTOR/IMMEDIATE PAST CHAIR	1 0	Х						0	0	0	
LINDA MCREYNOLDS , Director	1 0	Х						0	0	0	
RICK NAIMARK , Director	1 0	Х						0	0	0	
SHARI PRESS , Director	1 0	Х						0	0	0	
BOB RAMSEY , Director	1 0	Х						0	0	0	
RICH REINKEN , Director	1 0	Х						0	0	0	
DAN SANTY , Director	1 0	X						0	0	0	
MIKE SPECTOR , Director	1 0	X						0	0	0	
KAY SPERDUTI , Director	1 0	X						0	0	0	
KAY THOMPSON , Director	1 0	X						0	0	0	
DALE WALTERS , Director	1 0	X						0	0	0	
SUSAN LEVINE , EXECUTIVE DIRECTOR	39 0			х				268,477	0	7,456	
DEBORAH SHUMWAY , ASSOC EXEC DIR	40 0			х				186,112	0	15,753	
GREGORY MAYER MD , EXEC MED DIR	40 0			Х				205,357	0	6,727	

Form 990, Part VII - Section Aaa

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		Posit t	(C non (hat a	chec					(5)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
CALLENE BENTONCOURY , DIR CLIN	40 0			Х				127,214	0	13,547	
GILLIAN HAMILTON MD , MEDICAL DIRECTOR	35 0				х			169,165	0	15,495	
TARIQ AL MUTAWA MD , MEDICAL DIRECTOR	40 0					х		179,648	0	11,893	
BERNADETTE ARNECKE MD , MEDICAL DIRECTOR	38 0					Х		199,053	0	16,270	
JUANITA SAPP MD , MEDICAL DIRECTOR	40 0					Х		196,970	0	16,290	
JOSE URDANETA MD , MEDICAL DIRECTOR	40 0					Х		155,546	0	8,628	
MARIA THERESA STEVENS MD , MEDICAL DIRECTOR	34 0					х		234,146	0	9,642	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MEDICARE	900,099	153,818,548	153,818,548		
b INSURANCE	900,099	5,220,346	5,220,346		
c AHCCCS	900,099	4,059,272	4,059,272		
d SELFPAY/ROOM & BOARD	900,099	317,392	317,392		
e ALL OTHER PROGRAM SVC REVENUE	900,099	31,695	31,695		